

Silk Healthcare Limited

Belvedere Manor

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

We carried out an unannounced inspection at Belvedere Manor on 6, 7, 8 and 13 November 2017.

Belvedere Manor is a 'care home'. People in care homes receive accommodation and nursing or personal care as a single package under one contractual agreement. CQC regulates both the premises and the care provided, and both were looked at during this inspection. The care home is purpose built and accommodates 84 people on three floors known as Village, Woodlands and Garden suite. Woodlands suite specialises in providing care for people living with dementia. At the time of the inspection, there were 75 people accommodated in the home.

The service was managed by a registered manager. A registered manager is a person who has registered with the Care Quality Commission to manage the service. Like registered providers, they are 'registered persons'. Registered persons have legal responsibility for meeting the requirements in the Health and Social Care Act 2008 and associated Regulations about how the service is run.

At the last inspection on 18 and 19 November 2015, the home was meeting all legal requirements. At this inspection, we found there were four breaches of the regulations and we therefore asked the provider to take action to improve the assessment of staffing levels, the management of risks, the management of medicines and the need for consent. You can see what action we told the provider to take at the back of the full version of the report. We also made recommendations about the environment in order to support people living with dementia and people's involvement in the care planning process.

This is the first time the service has been rated Requires Improvement.

People told us they felt safe and secure in the home. Safeguarding adults' procedures were in place and staff understood how to safeguard people from abuse. However, people, relatives and staff spoken with expressed concerns about the level of staffing in the home. We found there were no assessment tools used to determine the appropriate level of staffing. Appropriate recruitment procedures were followed to ensure prospective staff were suitable to work in the home.

Individual risks were assessed and recorded, however, we found people had experienced falls in the last month where the room sensors had been switched off. This meant the provider had failed to take action to mitigate the risks to people's health and safety. There was no analysis carried out of the accidents and incidents in order to identify any patterns or trends. We also found people's medicines were not always managed safely.

There was limited evidence to demonstrate the service was working within the principles of the Mental Capacity Act. Whilst assessments had been carried out to assess people's mental capacity, there was no information added to the assessments to support how decisions had been reached. We also found conflicting information about people's ability to provide consent.

We observed some people living on Woodlands suite found it difficult to find their bedrooms. This was because there were few adaptations to the environment to help people orientate themselves.

People had mixed views about the food provided. Whilst there was ongoing work to improve people's dining experiences, we found people were not always fully supported during meal times.

The registered manager had developed a training matrix and staff were provided with appropriate training. Staff also had regular supervision with their line manager.

People told us that staff often had limited time to spend with them due to the level of staffing. We noted staff had opened all the windows in the dining room on Garden suite. This lowered the temperature of the suite and had implications for people living in this area of the home for the rest of the day.

Whilst people had individual care plans, we found limited evidence to demonstrate people had been involved in the care planning process. This is important to ensure people's wishes and preferences are fully recorded. We also found some staff had not read the care plans, which meant there was a risk of inconsistent care.

All people, relatives and staff were very complimentary about the activities provided in the home. A broad range of activities was arranged daily both inside and outside the home in line with people's personal preferences. All people were provided with a weekly activity planner. We observed activities during the inspection and noted there was a vibrant cheerful atmosphere.

People had access to a complaints procedure and knew how to raise a complaint. We saw detailed records of investigations.

There were systems in place to monitor the quality of the service, which included seeking feedback from people, relatives and staff. Whilst, we found a number of shortfalls during the inspection the registered manager was positive and told us she was committed to making the necessary improvements.

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, relatives and staff expressed concerns about the level of staffing in the home.

Not all assessed risks were fully mitigated to ensure people's safety and well-being.

People were not adequately protected against the risks associated with the unsafe management of medicines.

The provider operated an effective recruitment procedure for new staff.

All areas of the home seen had a high standard of cleanliness.

Requires Improvement ●

Is the service effective?

The service was not consistently effective.

The service was not always working within the principles of the Mental Capacity Act 2005 (MCA).

People had mixed views of the food provided.

People had access to healthcare services; however, we found staff had not always followed up referrals in a timely manner.

Staff were provided with appropriate training.

Requires Improvement ●

Is the service caring?

The service was not consistently caring.

People were not always involved in the care planning process and staff had limited knowledge about people's needs and preferences.

Staff did not always consider people's needs and comfort.

Requires Improvement ●

Is the service responsive?

Requires Improvement ●

The service was not consistently responsive.

Each person had an individual care plan; however, some staff had not read the plans.

People were supported to discuss their end of life wishes.

People had access to a complaints procedure; however, there was no analysis of the complaints to identify any patterns or trends.

People were supported to follow their interests and take part in a broad range of meaningful social activities.

Is the service well-led?

The service was not consistently well led.

There was a registered manager in post, who was aware that further improvements were needed to develop the service.

Some people, relatives and staff expressed concerns about the management and leadership in the home.

There were systems in place to monitor the quality of the service; however, we found a number of shortfalls during the inspection.

Requires Improvement ●

Belvedere Manor

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

The inspection site visit took place on 6, 7, 8 and 13 November 2017 and was unannounced. The inspection site visit activity on 6 November 2017 was undertaken between 9 pm and midnight so we could look at the arrangements to support people during the night. We visited during the day on 7 and 8 November 2017 and discussed the findings of the inspection with the registered manager on 13 November 2017. This was because the registered manager was on annual leave on the first three days of the inspection.

The inspection team comprised of one adult social care inspector on 6, 8 and 13 November 2017 and one adult social care inspector, two experts by experience, a specialist professional advisor for pharmacy and a specialist professional advisor in the care of people living with dementia on 7 November 2017. An expert by experience is a person who has personal experience of using or caring for someone who uses this type of care service.

In preparation for our visit, we contacted the local authority contracting unit for feedback and checked the information we held about the service and the provider. This included statutory notifications sent to us by the service about incidents and events that had occurred at the home. A notification is information about important events, which the service is required to send us by law.

Before the inspection, we received information about the night time staffing arrangements, the availability of milk during the night and the management and leadership arrangements. These issues were considered as part of the inspection.

We did not ask the provider to submit a provider information return. This is information we require providers to send us at least once annually to give some key information about the service, what the service does well and improvements they plan to make.

During our inspection visit, we spent time observing how staff provided support for people to help us better understand their experiences of the care they received. 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 talk to us.

We spoke with 27 people living in the home, eight relatives, seven night staff, ten day staff, the Village suite manager, the entertainment and leisure manager, the deputy manager, the area manager and the registered manager.

We had a tour of the premises and looked at a range of documents and written records including a detailed examination of four people's care files, three staff recruitment files and staff training records. We also looked at 55 people's medicines administration records, a sample of policies and procedures, complaints records, accident and incident documentation, meeting minutes and records relating to the auditing and monitoring of service provision.

Is the service safe?

Our findings

Prior to our inspection, we received information of concern about the staffing levels particularly during the night. We found people, relatives and staff spoken with during the inspection shared this concern. One person told us, "There is a serious shortage of staff. The night staff don't always respond quickly and I worry how I am going to fare if my condition deteriorates" and another person commented, "They are short staffed. It can be ten minutes that you're waiting for staff to come." Relatives had similar concerns, for instance one relative said, "Staffing levels are low and weekends are especially low. They are good staff but there are just not enough of them." Staff on duty during the night told us the level of staffing was an issue. One staff told us, "I feel we are short staffed. I feel bad when I can't get round to people quickly."

On the night we visited, we observed that one person waited for 50 minutes from 10.25 pm until 11.15 pm to be assisted to bed and another person covered themselves with a throw and went to sleep on the sofa. We previously received information that staff had to go to a nearby supermarket when they ran out milk. We checked the fridges on each suite and found there was sufficient milk. However, the senior staff member in charge of the building had no access to the kitchen to replenish stocks. All staff recounted occasions where staff had gone to a supermarket to buy more milk during the night. We discussed this situation with the registered manager who told us she was not aware staff had been to the supermarket.

There were two senior night staff on duty to administer medicines, however, staff informed us there were nights when there was only one senior staff on duty to administer medicines to all people living in the home. The staff told us this took a considerable amount of time and people had to be woken up for their medicines. A person living in the home expressed concern about this situation. They told us, "Sometimes there is only one person in charge of the medication on all three floors so it can be very late when my eye drops arrive." We were informed by the deputy manager there was ongoing liaison with the pharmacist to try to move the times of some of people's medicines.

During the first day of the inspection, one person living on garden suite told us, "I have to wait too long for most of the personal care that I need. For example, I regularly wait more than 20 minutes to go to the toilet." We noted there was a dessert and cold cup of tea from lunch time in another person's room at 2.45pm.

A group supervision had been held with staff on 24 October 2017. According to the record of the meeting, the staff were informed that the home was "Adequately staffed on all shifts. Staffing levels are determined by the dependency of residents in our care." Staff spoken with disputed this statement and told us there were insufficient staff. We checked the rationale behind the statement. We found dependency profiles had been completed for the majority of people in the home. However, there was no profile seen for a person receiving respite care. The person required two staff to support their personal needs, which meant there was the potential their level of dependency could have impacted on the level of staffing.

At the time of the inspection, there was no analysis or assessment tool seen to determine the level of staff. We asked to see the past four weeks rotas in order to assess the staffing levels, however, a senior member of staff told us these were not available as they had been shredded. This meant there was no means of

determining if the staffing levels were appropriate to meet people's needs.

The provider had failed to demonstrate sufficient staff were deployed in the home. This was a breach of Regulation 18 of the Health and Social Care Act (Regulated Activities) 2014.

On the final day of the inspection, we were given an action plan, which stated that people's level of dependency would be fully assessed and staffing levels adapted accordingly. We also spoke with the registered manager who told us about her plans to increase the staffing levels. We will assess any improvements on our next inspection of the home.

In addition to the care staff, the provider also employed administrators, an entertainment and leisure manager, housekeepers, cooks and kitchen staff, hospitality staff, a maintenance officer and a chaplain.

We considered how the provider managed risks to people's health and safety. We looked at four people's care files and saw that individual risks had been assessed in relation to nutrition, pressure ulcers, falls and restricted mobility. Whilst there were systems in place to review the risk assessments on a monthly basis, we noted one person's falls risk assessment and care plan had not been updated following three falls in the last two weeks. We also noted that one person's nutritional status was at risk and their care plan advised a fortified diet and extra snacks. However, we found the information sheet in the kitchen dated 4 May 2017 did not include these instructions. The information sheet was updated during the inspection.

People with a high risk of falls had sensors fitted in their bedrooms to alert staff to any movements during the night. However, on looking at the accident and incident records, we noted there were three instances in the last month where people had experienced falls and the staff had found the sensors switched off. We checked if appropriate action had been taken to minimise the risk of reoccurrence and found there were no recorded checks to ensure the sensors had been switched on. This meant people's health and wellbeing was placed at high risk.

The provider had failed to fully mitigate the risks to people's health and safety. This was a breach of Regulation 12 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

The action plan given to us on the final day of the inspection indicated that a full review of all people who required room sensors was to be undertaken and checks would be carried out every hour to ensure all room sensors were switched on. We will assess the effectiveness of the checks on our next inspection.

General risk assessments had been carried out to assess risks associated with the home environment. These covered such areas as fire safety, the use of equipment, infection control and the management of hazardous substances. We noted arrangements were in place if an emergency evacuation of the home was needed. People had personal emergency evacuation plans (PEEPs) which recorded information about their mobility and responsiveness in the event of a fire alarm. We saw there was a business continuity plan in place to respond to any emergencies that might arise during the daily operation of the home. This set out emergency plans for the continuity of the service in the event of adverse events such as loss of power or severe weather.

We looked at how the provider managed medicines in the home. We noted the provider operated a monitored dosage system for the administration of medicines. This is a storage device designed to simplify the administration of medicines by placing tablets in separate compartments according to the time of day. As part of the inspection, we checked the procedures and records for the storage, receipt, administration and disposal of medicines.

We observed staff administered medicines safely, by checking each person's medicines with their individual records before administering them. The staff spoken with told us they had completed medicines management training and records seen confirmed this. We noted the medicines records were well organised and staff had access to appropriate policies and procedures. People were identified by a photograph and allergies were clearly recorded. We found there were appropriate protocols in place for the administration of variable dose medicines and medicines prescribed "as necessary". However, we found there were no stool charts or pain relief charts in place to assess whether medicines such as laxatives or pain relief were needed or appropriately given to people living on the Woodlands suite. A member of staff told us they administered pain relief medicine if a person was grimacing or rubbing their body as if pain. This meant there was a potential risk of people not receiving some medicines when they needed them.

We found one person's medicines were being administered in a covert manner; however, there was no care plan in place as per the home's policy. We also found there was no evidence of a multi disciplinary team meeting or best interest assessment. The staff advised that the person's medicines were being crushed and put in their breakfast cereal; however, there were no checks in place to ensure the person ate all the cereal.

We looked at the arrangements in place for the management of controlled drugs. These are drugs which may be at risk of misuse. On checking the level of stocks against the controlled drugs register, we found there two accounting errors where staff had subtracted the wrong amounts from the totals.

The provider had failed to protect people against the risks associated with the unsafe use and management of medicines. This was a breach of Regulation 12 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

The action plan received on the final day of the inspection provided assurances that a full audit of the controlled drugs would be carried out and monitoring charts would be implemented to support the administration of medicines prescribed "when necessary." We will assess any improvements on our next inspection of the home.

We looked at records kept in relation to accidents and incidents that had occurred at the service. We noted all records were seen by the registered manager to make sure any responses were effective and any referrals were made as necessary. We saw the registered manager had maintained a detailed log of the accidents and incidents. However, at the time of the inspection an analysis had not been carried out to identify any patterns or trends. This is important in order to determine any lessons, which can be learnt for future practice.

We checked the arrangements in place for the maintenance of the premises. We noted a maintenance officer was employed to carry out routine maintenance and repairs. We saw records to demonstrate regular checks were carried out on the fire systems, water temperatures, call points and equipment, such as hoists and bedrails. The electrical and gas safety certificates were in date and we noted appropriate arrangements were in place for servicing the fire systems including the fire extinguishers.

People living in the home told us they felt safe and secure in the home. One person said, "I feel 100% safe here. They do things like regular fire tests." Relatives spoken with had mixed views about the safety and comfort of their family members and felt the lack of staff impacted on their care. One relative told us, "My [family member] is safer here than at home. Although there never seems to be any carers in the lounge." During the inspection, we observed people were comfortable around staff and appeared happy when staff approached them.

We found there was a safeguarding adults' and whistle blowing policy and procedure in place and information was displayed in the entrance hall. Staff spoken with understood their role in safeguarding people from harm. They were able to describe the different types of abuse and actions they would take if they became aware of any incidents. All staff said they would report any incidents of abuse to the management team and were aware they could take concerns to organisations outside the service if they felt they were not being dealt with. Staff spoken with confirmed they had completed safeguarding training and the staff training records confirmed this. The registered manager told us she worked closely with the safeguarding team to investigate any issues of concerns and we saw detailed records of her investigations during the inspection.

We checked three recruitment files for staff recently employed by the service and noted appropriate checks had been carried out before the staff members started work. We saw the staff had completed an application form and had attended the home for a face-to-face interview. Interview notes had been recorded to support a fair process. In addition to the interview, appropriate checks were carried out which included a record of the staffs' previous employment history, references from previous employment, their fitness to do the job safely and an enhanced criminal records check. New staff completed a probationary period during which their work performance was reviewed at regular intervals. The recruitment process was tracked using a checklist and supported by policies and procedures, which reflected current regulatory requirements.

We saw the home was very clean in all areas seen. Staff hand washing facilities, such as liquid soap, paper towels and pedal operated waste bins had been provided in all rooms. This ensured staff were able to wash their hands before and after delivering care to help prevent the spread of infection. Staff were provided with appropriate protective clothing, such as gloves and aprons. There were contractual arrangements for the safe disposal of waste. We saw staff had access to an infection prevention and control policy and procedure and had completed relevant training. We noted an infection control audit was carried out in the home every six months. The provider employed a team of housekeeping staff and regular checks were carried out of the environment, mattresses, slings and cushions.

Is the service effective?

Our findings

The Mental Capacity Act 2005 (MCA) provides a legal framework for making particular decisions on behalf of people who may lack the mental capacity to do so for themselves. The Act requires that as far as possible people make their own decisions and are helped to do so when needed. When they lack mental capacity to take particular decisions, any made on their behalf must be in their best interests and as least restrictive as possible.

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

We checked whether the service was working within the principles of the MCA and whether any conditions on authorisations to deprive a person of their liberty were being met. We found there were appropriate policies and procedures in place and staff had completed relevant training. However, on looking at people's care files we found limited evidence to demonstrate the requirements of the MCA were being met. Whilst assessments had been carried out to assess people's mental capacity we found no evidence had been added to explain how outcomes had been reached. We also noted conflicting information for instance, one person had been assessed as having no mental capacity but they had signed the consent to photographs form and had given consent for a DNACPR (Do Not Attempt Cardiac Pulmonary Resuscitation).

We saw best interest decisions had been carried out and recorded. However; we found one instance where a member of staff had signed the form when according to the person's records a family member had a lasting power of attorney for health and welfare. There was no evidence seen that the person's nominated lasting power of attorney had been involved in the decision-making. A lasting power of attorney is a legal document, which enables a person to nominate one or two people to help them make decisions or make decisions on their behalf.

Our findings showed the provider had failed to act in accordance with the MCA 2005. This was a breach of Regulation 11 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

Staff spoken with confirmed they routinely asked for people's consent before providing care, explaining the reasons behind this and giving people enough time to think about their decision before taking action. However, one person told us "The staff here are inconsistent. They never explain anything to me."

At the time of the inspection, the area manager informed us 23 DoLS applications had been submitted to the local authority for consideration and four people's DoLS had been authorised. We saw the registered manager had put a tracker in place to record the status of all applications. We saw copies of the DoLS applications were included in people's files. We noted one person's DoLS stated staff should complete a chart if they asked to leave. Behaviour charts seen showed no evidence of the person's requests to leave, however, we noted an incident form showed the person tried to access the lift in October 2017. This meant not all events were recorded.

People had mixed views about the food provided. One person told us, "The food is quite good here", however another person commented, "There is room for improvement. The vegetables are always cold." We observed the meal time arrangements in each of the three suites. We noted there was a pleasant atmosphere with staff interacting and chatting to people on Village suite. However, we noted people were seated early for their meal on Woodlands suite, which resulted in some people getting up to leave. Staff served people their meals and did not offer a further choice or ask if they were happy with the meal. One person sat with their meal on the table for 15 minutes without any prompts from staff. We also noted people were given two drinks before their meal, which may have affected some people's appetite for food. Similarly, we also observed people living on Garden suite were seated early and one person had fallen asleep. Staff supported choice by showing people plated food so they could express a preference. However, one person who expressed a choice was given the opposite meal. People were not offered clothes protectors and many people complained the food was cold.

The area manager told us there was ongoing work in progress to improve people's dining experiences, which included senior managers supervising the meal time arrangements. We noted people had been invited to a food forum and had been asked for their views about the food at monthly residents' meetings.

People's preferences with regard to food, along with any allergies or professional guidance were recorded and shared with the catering staff. This helped to ensure people received nutrition that met their needs and reflected their likes and dislikes. However, we found some information in the kitchen had not been updated in line with changing needs. Nutritional risks were assessed and people were weighed at regular intervals. However, we noted inconsistencies in one person's care plan. Staff were advised to weigh the person weekly on 15 October 2017. However, on 22 October 2017, the person was found to have lost weight but staff were advised to check their weight on a monthly basis. This meant the staff may not recognise any further decreases in weight in a timely manner.

We looked at how people's needs were met by the design and decoration of the home. We found all areas of the building were decorated to a high standard and an interactive picture wall had been installed on Woodlands suite. However, there were few adaptations made to the environment to support people living with a dementia. All the bedroom doors were white and each room had been given a name based on the theme of the suite. We observed one person couldn't find their room and asked a staff member for help. The staff member was in the process of responding to call bell. She told the person the number of the room and gave directions. However, the person said they couldn't remember and we observed the person trying the bedroom doors in attempt to locate their room. We also noted from the incident reports that there had been incidents resulting in distress when people had entered other people's rooms. There was also a lack of signage and no pictorial signs for toilets and bathrooms.

We recommend the service seeks advice and support from a reputable source to make the necessary adaptations to the environment in order to support people living with dementia.

We looked at how people were supported to maintain their health. We found all people were registered with a GP and had access to other healthcare professionals such as a chiropodist, optician, speech and language therapist, physiotherapist and the district nursing team. We saw records were maintained of healthcare professional visits in each person's care file. One person living on Village suite confirmed the staff were responsive to any health care needs; their comments included, "If I become unwell the staff would be straight on the phone to the GP." However, a person living on Garden suite told us they were experiencing pain and were not sure if the staff had contacted the GP. We checked the person's records and noted the GP had referred them for further treatment to help alleviate pain in February 2017, but there was no record the staff had followed up the referral. We were assured the staff were contacting the GP about this situation on

the second day of the inspection.

There was no separate section in people's care plans to provide details of people's healthcare needs and information was therefore included across the plan in separate sections. In the event a person was transferred to hospital, a member of staff or family member accompanied the person and relevant information including medicine's records were shared with healthcare professionals.

Before a person moved into the home, a representative from the management team undertook a pre admission assessment to ensure their needs could be met. We looked at completed pre-admission assessments and noted they covered all aspects of people's needs. We were assured people were encouraged and supported to spend time in the home before making the decision to move in. This enabled them to meet other people and experience life in the home.

We noted that technology was used to support people living in the home. There was wifi available throughout the building to enable people to use the internet on their own devices. In non-emergency medical situations, staff sought advice via Telemedicines. This system enabled staff and people to contact and talk to medical professionals at a local hospital using a computer. Room sensors were fitted in people's rooms where a risk of falls had been identified and various interactive devices were used as part of the social activities. This included a barrow, which had been designed by the entertainment and leisure manager. This was decorated according to a particular theme and images were projected inside the barrow.

We looked at how the provider trained and supported the staff. Members of staff spoken with told us they had been provided with appropriate training. They told us their training needs were discussed during their individual supervision meetings with their line manager and annual appraisals. The registered manager explained that she had developed a training matrix. This enabled her to have an overview of all staff training as well as plan future training. There were systems in place to ensure staff completed their training in a timely manner.

Staff told us they had completed a variety of courses relevant to the people they were supporting including moving and handling, dignity and respect, food safety, health and safety, infection control, safeguarding, MCA and DoLS, equality and diversity, first aid, communication and nutrition and hydration. Care staff also undertook specialist training which included care plan awareness, care for the dying and a dementia awareness course, known as virtual dementia.

New members of staff completed induction training, which included an initial orientation to the service, training in the provider's policies and procedures, completion of the provider's mandatory training and the Care Certificate. The Care Certificate aims to equip health and social care workers with the knowledge and skills which they need to provide safe, compassionate care. New staff also had a period of shadowing experienced staff to allow them to learn and develop their role. However, one staff member told us they had only worked one shift supernumerary to the rota and felt ill prepared to take up their role as a full team member.

We were given an action plan on our final day of inspection, which stated the induction process would be adapted to meet each new staff member's individual needs and capabilities. We will assess any improvements on our next inspection of the home.

Is the service caring?

Our findings

People had mixed views about the approach taken by staff, for instance one person living on Garden suite told us, "Some staff are caring and some are not. Everything seems very rushed." However another person living on Village suite commented, "All the staff are very good. They are all friendly." There was a similar difference of opinion amongst relatives of family members living in different areas of the home. For example a relative of a person living on Village suite told us, "They are all good staff", but a relative with a family member living on Garden suite said, "They don't seem to understand the basics like having good appetising food and keeping warm." The relative added that they felt they needed to visit the home often to check the welfare of their family member.

During the morning of the first day of the inspection, we visited Garden suite and found the staff had opened all the windows in the dining room. It was a cold day outside and as a result, the ambient temperature of the suite, in contrast to the rest of the home, was very cool and uncomfortable. This action had consequences for the rest of the day for the people living on Garden suite. We noted people raised concerns about the temperature during lunchtime, some people were wearing scarves and thick cardigans, and one person was wearing a coat. Later in the afternoon, we noted a person was sat in their room with coat, scarf and gloves on; their relative expressed concern about the temperature of the room. The maintenance officer checked the heating and said it had been affected by the staff leaving the windows open. This meant the staff had not been considerate of the needs and comfort of the people living on the Garden suite. The area manager assured us on the second day of inspection, she had made sure the suite was an appropriate temperature before she had left the home for the evening. Instructions were also issued to staff not to open the windows.

Relatives spoken with confirmed there were no restrictions placed on visiting and they were made welcome in the home. We observed relatives visiting at various times throughout the days we were present in the home. One relative told us, a member of staff had supported their family member at an important event. The relative added the staff member had been very supportive throughout the occasion.

There was limited evidence to demonstrate all people had been involved in the care planning process. This is important to ensure the staff are aware of people's preferences and how they wish their care to be delivered. Whilst some people living on Village suite told us they had discussed their care needs with staff, a person living on Garden suite said, "I'm not really sure how my care needs are reviewed and I don't believe the staff would ever pick up on my care needs if they changed. I would have to tell them." Some staff spoken with had not worked on the suite for very long and therefore only had a limited understanding of people's individual needs.

We recommend the service seeks advice and guidance from a reputable source to ensure all people are involved in the care planning process.

People spoken with told us the staff respected their dignity and privacy. We observed staff ensured personal care interventions were carried out behind closed doors in the person's bedroom or bathroom. However, people told us the staff were very busy and did not always have sufficient time to spend with them. One

person told us, they were trying to build up their mobility skills and wherever possible tried to walk to the dining room with a member of staff walking behind with a wheelchair. However they said, "Because the staff are so very busy. I'm often mobilised in my wheelchair." This meant there was the risk of the person's mobility and independence skills deteriorating.

People were provided with appropriate information about the home in the form of a brochure and service user guide. There was also information about local advocacy services in the entrance hall. There were secure arrangements in place for the storage of personal files; however, we noted six people's files had been left unattended in the living room on Garden suite. This meant confidential information could have been inappropriately accessed.

We noted compliments received by the registered manager highlighted the caring approach of staff. For instance, one relative had written, "You are all caring and wonderful" and another relative had written, "Thank you for all the loving attention you give to my [family member]."

Is the service responsive?

Our findings

People spoken with told us they were able to follow their own routines and preferred activities. Whilst people received appropriate assistance from staff they felt they sometimes had to wait for a long time. One person told us, "All the staff are very good, but you have to wait for everything here." Staff spoken with felt their ability to be responsive to people's needs was limited due to the level of staff on duty.

All people had an individual care plan based on their assessment of needs. We noted that the care plans were printed on yellow paper so information could be accessed quickly within people's files. The registered manager explained the senior staff had worked hard since her appointment in March 2017 to update all the care plans. We looked in detail at four people's care plans during the inspection and noted the plans were split into sections covering consent and capacity, mobility, falls and bedrails, diet and nutrition, elimination, pressure care, wounds, oral care, personal hygiene, end of life care and social needs. We also noted cultural and spiritual and any diverse needs were recorded as appropriate.

We saw there were arrangements in place to review and evaluate people's care plans on a monthly basis. However, staff spoken with told us they had no time to read people's care plans and they therefore relied on information given to them during handover meetings at the start of their shift. This meant there was the risk of inconsistent care.

Staff completed daily records, which provided information about changing needs and any recurring difficulties. We noted the records were detailed and people's needs were described in respectful terms. We saw staff recorded details of observations and care provided in the daily records rather than on monitoring charts. This meant there was the potential risk that aspects of people's care were not monitored in a robust way. For instance, we noted there was no record of one person having a bath or shower since 14 October 2017. Staff informed us the person had a shower three days before the inspection, but this was not recorded. We noted staff completed food and fluid charts, behaviour and positional change charts where there was an identified risk.

People were supported to discuss their end of life wishes as appropriate. The home followed the five principles set out in the "Priorities of care for the dying person." This included the duties and responsibilities of health and care staff to ensure a sensitive and compassionate approach to dying. We noted families were provided with a booklet containing bereavement advice and a healthcare professional had visited the home to help implement advanced care plans to enable people to stay in the home rather than hospital if this was their wish. The staff liaised closely with the district nursing team to ensure people receiving end of life care had access to appropriate equipment and pain relief medicines.

We looked at how the service managed complaints. People and their relatives told us they would talk to a member of staff or the registered manager if they had a concern or wished to raise a complaint. Staff confirmed they knew what action to take should someone in their care want to make a complaint. We found information was available to people and their families about how to make a complaint. This information was displayed in the entrance of the home and in the information given to people when they moved in. The

area manager advised that all information including the complaints procedure could be produced in different formats to meet the communication needs of people living in the home.

We looked at the complaints records and noted 17 complaints had been received since January 2017. We saw there was evidence of investigations and records of action taken, however, there was no analysis seen to highlight any patterns or trends. This is important to identify any lessons to inform future practice. Further to this, we noted a relative had raised a concern in January 2017 about the possibility of the room sensors being switched off in their family member's bedroom. However, there was no evidence of any robust action being taken and we found three accident /incident forms completed in October and November 2017 where people had experienced falls and the room sensors had been switched off.

All people and relatives spoken with were very happy with the provision of activities within the home. For instance, one person told us, "There is something going on all the time, so there is lots to do." Relatives spoken with were also very complimentary about the activities. One relative commented, "[The entertainment and leisure manager] is marvellous. He makes this place and goes the extra mile all the time" and another relative said, "[The entertainment and leisure manager] is fantastic. He is a natural at activities. He keeps this place going." We observed activities throughout the days of the inspection and noted there was a vibrant, cheerful and positive atmosphere in the home.

The programme of activities was displayed on all suites and people were provided with an individual planner. The activities were arranged on daily basis and were provided on both a group and an individual basis. People also had the opportunity to go out on daily trips to places of local interest. The entertainment and leisure manager spoke enthusiastically about providing people with positive and valuable experiences. It was clear from our discussions he had a good understanding of people's diverse needs and preferences.

Each person had completed a "My personal / social choices" care plan which included information on past life experiences, family background and preferred activities. People were also asked about any aspirations and wishes. A projected plan was developed to ensure the person had the opportunity to participate in all their preferred activities. Records were maintained of all the activities completed to ensure people's social, cultural and diverse needs were met. Special arrangements were made for people who had specific wishes or unfilled ambitions. For instance, individual arrangements were made for a person to experience a roller-coaster ride at Blackpool.

In addition to daily activities and trips out, people and their relatives used the coffee bar on the ground floor to socialise with others in the home. The coffee bar was operated by hospitality staff and was designed to integrate people living in all different areas in the home.

Is the service well-led?

Our findings

Before our inspection, we received information about the management and leadership in the home. Since our last visit, two registered managers had left the service. A further registered manager was appointed to the home in March 2017 and a deputy manager was recruited in September 2017.

The registered manager had responsibility for the day-to-day operation of the home and was aware of the challenges involved in improving the service. She told us she was fully committed to making the necessary improvements and described her priorities as assessing and reviewing the staffing levels, improving documentation associated with the Mental Capacity Act and improving staff morale. We discussed the inspection findings with the registered manager on the final day of the inspection and noted she had a positive response. We were given a copy of an action plan, which had been developed to address the issues found during the inspection.

People and their relatives had mixed views about the management and leadership of the home. For instance, one person told us, "It's very good here. I have no complaints at all" and a relative spoken with told us they appreciated the "open door policy" of the registered manager. However, another person said, "I'm not sure you could call it well managed as there does seem to be a problem with staffing" and a relative told us, "I'm uneasy about the management as poor leadership leads to unhappiness for everyone."

The registered manager explained that she had offered all relatives the opportunity to meet with her on an individual basis and discuss any concerns they may have. We saw records of the meetings and the actions taken. Relatives were invited to three monthly meetings and had recently been given the opportunity to complete a satisfaction questionnaire. People were also encouraged to provide feedback at monthly residents' meetings. The meetings enabled people to express their views and gain information about any developments in the home. People had been given the chance to complete satisfaction survey carried out by an independent company in October 2017; however, the results were not available at the time of the inspection. There was no evidence seen of surveys carried out in 2016.

The registered manager used various ways to monitor the quality of the service. These included audits of the systems to manage medicines, staff training, supervision and appraisal, care planning, infection control, the environment and checks on the call systems and fire systems. The audits and checks were designed to ensure different aspects of the service were meeting the required standards. Action plans were drawn up to address any shortfalls. The plans were reviewed to ensure appropriate action had been taken and the necessary improvements had been made. However, we found staffing levels had not been appropriately assessed, people's medicines were not always managed safely, risks to people's health and safety were not always mitigated and people's capacity to make their own decisions was not fully considered.

Staff had a working knowledge of their role and responsibilities. We saw they had been provided with job descriptions and contracts of employment, which outlined their roles, responsibilities and duty of care. They had access to the service's policies, procedures and any updates. The service's vision and philosophy of care was reflected within their written material including, the statement of purpose and policies and procedures.

We noted the service's vision and mission statement was available in the home.

We found some discontentment and low morale amongst the staff team. Some staff spoken with felt the management team did not understand their concerns and no action had been taken to address their issues. Staff indicated this was mainly due to the staffing levels in the home. Some staff considered the registered manager was approachable and listened to their views, while others expressed concerns about poor communication. We noted the staff were invited to regular meetings and the area manager explained that representatives from the Human Resources department had held two forums to enable the staff to talk about any issues or concerns. Following the inspection, the registered manager informed us she was holding immediate meetings with staff and consulting them about planned developments in the home. Staff were aware of the whistle blowing policy and where they could report any concerns about practices in the home.

The registered manager was supported in her role by the area manager and other managers within the wider organisation. The area manager visited the home at least once a week and completed reports of the findings of her visits. The home had also been subject to two external quality assessments since March 2017, which had included action plans. The registered manager told us she had used the action plans to develop the service.

This section is primarily information for the provider

Action we have told the provider to take

The table below shows where regulations 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 will check that this action is taken by the provider.

Regulated activity	Regulation
Accommodation for persons who require nursing or personal care	Regulation 11 HSCA RA Regulations 2014 Need for consent The provider had failed to act in accordance with the MCA 2005. Regulation 11 (1) (3).
Accommodation for persons who require nursing or personal care	Regulation 12 HSCA RA Regulations 2014 Safe care and treatment The provider had failed to fully mitigate the risks to people's health and safety. Regulation 12 (2) (a) and (b) The provider had failed to protect people against the risks associated with the unsafe use and management of medicines. Regulation 12 (2) (g)
Accommodation for persons who require nursing or personal care	Regulation 18 HSCA RA Regulations 2014 Staffing The provider had failed to demonstrate sufficient staff were deployed in the home. Regulation 18 (1)