

## Indigo Care Services Limited

# Eaton Court

### Inspection report

Eaton Court  
Grimsby  
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### Ratings

Overall rating for this service

Requires Improvement 

Is the service safe?

**Requires Improvement** 

Is the service effective?

**Good** 

Is the service caring?

**Good** 

Is the service responsive?

**Requires Improvement** 

Is the service well-led?

**Requires Improvement** 

# Summary of findings

## Overall summary

Eaton court is registered with the Care Quality Commission (CQC) to provide care and nursing support to 46 older people. The accommodation is over two floors and the upper floor is accessible via a lift. All rooms are single en-suite and there are four communal areas for people to use. There is a large spacious dining room and the gardens are accessible. It is close to a bus route to and from the town centre, and local facilities are within walking distance.

This inspection took place on 11 and 12 January and was unannounced. This was the services first inspection under the new provider.

At the time of the inspection 34 people were living at the service.

There was no registered manager in post. A registered manager is a person who has registered with the Care Quality Commission [CQC] to manage the service. Like registered providers, they are 'registered persons'. Registered persons have a legal responsibility for meeting the requirements in the Health and Social Care Act 2008 and associated Regulations about how the service is run. Where there is no registered manager the service can only be rated as requires improvement in the domain of well-led.

The documentation used to monitor people's wellbeing was not always completed and did not give a full picture of the care the person had received. There were gaps in the recording and no indication of what the person should be receiving so no meaningful evaluation could be made so further treatment could be sought if required. Although there were audits in place these had not picked up the shortfalls and the inconsistencies of the recordings in the monitoring charts, the effect of the staffing changes and the use of aids to meet people's needs. You can see what action we told the registered provider to take at the end of the report.

Before the inspection we received some concerns about the amount of staff on duty, during the inspection we checked the staffing number and found no evidence of neglect or poor practise, which meant people's needs were not met. Care staff were supported by adequate amounts of ancillary staff so they could concentrate on meeting people's need. We have made a recommendation that the registered provider looks at the deployment of staff to ensure numbers are used efficiently around the building. Staff understood the importance of protecting people from harm and could describe to us the types of abuse they may witness and how to report this to the proper authorities. They had received training in how to identify and report abuse, and this had been updated regularly. Staff handled people's medicines safely and had received training which was updated. The service was clean and tidy and free from offensive odours. However, there was a lack of signage and stimulation to help those people who were living with dementia to navigate their way around the service. We have made a recommendation about this and it will be checked at the next inspection.

During the inspection we received a concern about the amount of food available for the people who used

the service. We checked the food store and found there were adequate amounts of fresh, dried and frozen food available. We spoke with the cook who confirmed they had a plentiful supply of food. Staff had received training which equipped them to meet the needs of the people who used the service; this training had been updated regularly to ensure staff skills were up to date. People who needed support with making informed decisions were protected by the use of current legislation. We saw that all decisions made on their behalf were done in a least restrictive way and in their best interests. People were supported to access their GP and other health care professionals when needed.

People were cared for by staff who were kind and caring. Staff understood their needs and could meet these. Relationships between the staff and the people who used the service were good and they both seemed to enjoy each other's company. There was lots of laughter and good natured banter around the service. People had been involved in the formulation of their care plans and these reflected their needs and how they wished to be supported. Staff treated people with dignity and respected their privacy.

The opportunity for the people who used the service to participate in activities had been affected by the staff changes. We have made a recommendation about this as a lot of the people who used the service spent a great deal of time in their rooms and this potentially could make them isolated if there was a lack of activities for them to participate in. The registered provider had a complaints procedure which was displayed around the service. All complaints were investigated to the satisfaction of the complainant; however, if the complainant was not happy with the way the investigation had been conducted they were signposted to other agencies for advice, support and guidance.

The people who used the service had the opportunity to have a say about how the service was run; this was in the form of surveys and meetings. Equipment was serviced and repaired as needed and new equipment was purchased when required. Despite the manager not being registered with the CQC they knew they had a responsibility to notify us of any incidents which affected the wellbeing of the people or affected the smooth running of the service.

## 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.

Staff did not consistently record information, which monitored the risk people were exposed to due to poor fluid intake.

Staff were not always deployed around the service effectively to ensure people's needs were met consistently.

Staff were trained to recognise and report abuse.

Staff were recruited safely.

The service was clean and tidy and the risk of cross infection was reduced by staff following good practise guidelines.

**Requires Improvement** 

### Is the service effective?

The service was effective.

People were cared for by staff who had received training which equipped them to meet their needs.

Staff received support to gain further qualifications and experience.

People who needed support with making informed decisions were protected by legislation and any decisions made on their behalf were in their best interest.

People were supported to access health care services.

The environment could be improved for those people who were living with dementia.

**Good** 

### Is the service caring?

The service was caring.

People were supported by staff who were kind and caring.

Staff respected people's privacy and upheld their dignity.

**Good** 

People who used the service or their representatives were involved with their care.

Staff were aware of the confidential nature of the information they held about the people who used the service.

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

The service was not consistently responsive.

Staff did not consistently record essential information about people's welfare.

People did not have a comprehensive range of activities to choose from.

People could access the registered provider's complaints procedure and all complaints were recorded and investigated.

**Requires Improvement** ●

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

The service was not consistently well-led.

Audit systems in place had not identified staff were not completing essential information about the needs of the people who used the service.

A manager was in post but they were not registered with the CQC.

People who used the service and others who had an interest in their welfare had a say about how the service was run.

Staff meetings were held so staff had an opportunity to contribute to the running of the service.

Equipment was serviced and maintained to ensure people's safety.

**Requires Improvement** ●

# Eaton Court

## Detailed findings

### Background to this inspection

We carried out this inspection under Section 60 of the Health and Social Care Act 2008 as part of our regulatory functions. This inspection was planned to check whether the registered 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 11 and 12 January and was unannounced. The inspection was completed by one adult social care inspector.

The local authority safeguarding, quality teams and the local NHS were contacted as part of the inspection. We also looked at the information we held about the registered provider.

During the inspection, we used the Short Observational Framework Tool for Inspection (SOFI). SOFI allows us to spend time observing what is happening in the service and helps us to record how people spend their time and if they have positive experiences. We observed staff interacting with people who used the service and the level of support provided to people throughout the day, including meal times.

We spoke with 12 people who used the service and three of their relatives who were visiting during the inspection. We spoke with nine staff including nurses, care staff, catering staff and the manager.

We looked at four care files, which belonged to people who used the service. We also looked at other important documentation relating to people who used the service such as incident and accident records and six Medication Administration Records (MAR). We looked at how the service used the Mental Capacity Act 2005 (MCA) and Deprivation of Liberty Safeguard (DoLS) code of practice to ensure when people were deprived of their liberty or assessed as lacking capacity to make their own decisions, actions were taken in line with the legislation.

We looked at a selection of documentation relating to the management and running of the service. These included four staff recruitment files, training records, staff rotas, supervision records, minutes of meetings with staff and people who used the service, safeguarding records, quality assurance audits, maintenance of equipment records, cleaning schedules and menus. We also had a look around the home.

## Is the service safe?

### Our findings

People we spoke with told us they felt safe at the service, comments included, "I feel very safe here, I trust all the staff", "There's always someone around even at night, and that makes me feel safe" and "I trust the staff they look after me really well." There was a few concerns about the amount of staff on duty, people told us, "There doesn't seem to enough staff on duty at the moment and sometimes I have to wait to be seen" and "I don't think there's enough staff, a few have left recently and they don't seem to be employing anymore." People were happy with the level of cleanliness, comments included, "My room is kept spotless" and "They [domestic staff] clean my room every day."

Visitors we spoke with thought their relatives were safe at the service, they told us, "Its brilliant everything is fine", "Yes, mum is very safe" and "Yes, mum is very vulnerable and they are very watchful of her."

The registered provider had procedures in place for staff to follow if they witnessed any abuse or became aware of any allegations. They could tell us how they would report any abuse, one member of staff said, "I would go to the manager and tell them and if they didn't do anything I would go the CQC or social services." Another member of staff said, "We have to protect the residents it's our job, we need to report things if we see them." The staff could describe the different types of abuse they may witness or come across. Staff had received training in how to recognise abuse and this was updated annually.

All the people who used the service had a PEEP in place (Personal Emergency Evacuation Plan). This instructed staff how best to support the person in the event of an emergency. These were individualised and took into account people's needs including mobility. People's care plans included assessments of their daily living needs and which of these they needed more support with, for example, personal hygiene, pressure area care, mobility and behaviours which might put them and others at risk or challenge the service. These were detailed and told staff how best to support people to keep them safe. The risk assessments were updated on a regular basis and any changes were documented in the care plan, for example, following a stay in hospital or deterioration in needs due to illness.

We did find that all the people who used the service had monitoring charts in place for all aspects of their daily care; some areas of care required two forms to be completed by staff, one for when they were in their bedroom and one for when they left their rooms. Clearly, from speaking to people and looking at their care plans, some people who used the service did not need this level of intrusive monitoring, as their needs did not dictate they were as closely monitored. Staff were finding it onerous to complete the amount of paperwork expected. As a result, some charts had not been completed accurately and gave no indication as to why the information was being gathered. When asked why they completed the paperwork staff told us, "Because they are there and they will protect us in a court of law." It is recommended the registered provider re-evaluate the use of monitoring charts and uses them in a more focussed way to make sure people's needs are met and not just as a way to mitigate blame.

Other emergency procedures were in place for staff to follow in the event of a flood or essential services like gas and electrical failures. These instructed the staff what to do, who to contact and how to keep people safe.

Staff told us they knew they had a responsibility to keep people safe and would raise any concerns they had with the manager. Comments included "We are here to keep the residents safe and I for one would not tolerate any one mistreating them" and "I would not stand for it, it's wrong and we need to make sure the residents are safe." They also knew they would be protected by the registered provider's whistle blowing policy, comments included, "I know I can go the manager and tell her, she would make sure something was done" and "The manager is great she would deal with it [any concerns] straight away." We saw evidence of investigations the manager had undertaken, these had been undertaken effectively and had protected the people who used the service by the use of disciplinary procedures.

All accidents and incidents had been recorded, analysed and findings recorded, we saw evidence of these being discussed with staff or referrals to specialist health care professionals, for example, falls teams or the district nursing services. We saw that one incident had occurred while staff had been using equipment. The manager had referred the incident to the local authority safeguarding team and as a result had been instructed to undertake their own investigation and share their findings with the safeguarding team. This they had done and they had taken the necessary action with regard to the staff training and disciplinary.

Prior to the inspection we had received concerns about the amount of staff that were on duty and leaving the service. We found the manager had maintained the staffing levels and staff were seen to be undertaking their duties professionally. We could find no evidence people had been put at risk due to the staffing levels, staff told us they never felt as though they were not meeting people's needs. They told us some staff had left and the manager had used agency staff to cover the shortfall. We discussed this with the manager and they agreed to look at the way the staff were deployed. It is recommended the registered provider refer to good practise guidelines about the deployment of staff to ensure an effective service is maintained and people's needs are met.

During the inspection, we looked at four staff recruitment files. We could see from the records we looked at that safe recruitment procedures were followed. Applications and interviews had been completed. Two checked references and a Disclosure and Barring Service (DBS) check had been sought prior to staff starting employment. DBS carry out criminal records and barring checks on individuals who intend to work with vulnerable adults. This helps employers make safer recruitment decisions and minimise the risk of unsuitable people working with vulnerable adults. Recruitment files also contained photographic identification and proof of identity.

Systems were in place to ensure medicines were ordered, stored and administered safely. Suitable arrangements were in place for the storage of specific medicines that required cooler temperatures and checks were carried out on a daily basis to ensure the manufactures guidance was adhered to. Controlled medicines were stored safely in line with current best practice guidelines.

We observed medicines rounds and saw that people who used the service received them as prescribed. Medicines Administration Records (MAR) were used to record when people had taken their prescribed medicines. The MAR we saw had been completed accurately with minimal omissions. People's abilities to self-administer had been assessed and action had been taken to support people who were able to do so.

During the inspection, a concern had been raised about the amount of dressings available. We found there was a good stock of dressing for the nurses to use and the district nursing services provided their own for those people to whom they provided treatment.



## Is the service effective?

### Our findings

People who used the service told us they enjoyed the food provided, comments included, "The food here is first class [Name] is a wonderful cook", "I love the food, I have put weight on since coming here", "There is always plenty of choice at meal times" and "I like the roasts on a Sunday; they're my favourite." People who used the service told us they thought the staff were trained to meet their needs, one person said, "I can trust the staff they know what they are doing and look after me very well." Another said, "I think the staff are marvellous and do a wonderful job."

Visitors we spoke with told us they thought the food provided to their relatives was of a good standard, one visitor told us, "You smell the food cooking as you walk in, it smells lovely" another said, "I think mum enjoys the food she always eats it all." They also thought the staff had the skills to meet the needs of their relatives, comments included, "The staff seem very efficient" and "They are well trained they are very gentle with mum."

There was a system in place to ensure staff received the training they needed to effectively meet the needs of the people who used the service. Staff training was monitored to ensure this was updated when required. The registered provider had identified training which they considered mandatory for staff to complete. This mandatory training included, fire training, safeguarding vulnerable adults from abuse, health and safety, moving and handling, first aid and dementia training. Staff also had the opportunity to undertake nationally recognised qualifications in care and to expand their knowledge and experience. Specialised training was also provided, this included, diabetes and how to support people whose behaviours may challenge the service or put themselves and others at risk. Staff told us they found the training was adequate to equip them with the skills required to meet people's needs, they said, "The training here is really good; I have learnt a lot since coming here" and "We get loads of training, it's really good and my confidence has grown because of it." Newly recruited staff underwent a period of induction and this was based on good practise guidelines. Their competency was continually assessed and the manager ensured they received the support they needed with any areas which they were struggling with.

All staff received regular supervision. This provided them the time to discuss any work related issues or practise issues. We saw the manager had addressed some practice issues with staff, which had led them becoming a valued member of staff. The staff received annual appraisals where their training needs were discussed and any opportunities for further training explored. Staff told us they valued the supervision they received, one member of staff said, "I like the time we get to talk about work it makes me feel valued." Another member of staff said, "The manager is always available so we can go to her at any time for advice and guidance, but we do get regular formal supervision sessions which are good."

Staff communicated with each other through a handover system, this enabled staff to pass on relevant information to each other about the welfare of the people who used the service. We also saw staff communicating with people in a sensitive way; they spoke softly and patiently and gave them time to answer. People's preferred method of communication was recorded in their care plans and this instructed the staff in how to best communicate with the person, for example, 'Speak slowly and calmly and give

[Name] time to answer'.

The Mental Capacity Act 2005 (MCA) provides a legal framework for making particular decisions on behalf of people who may lack the mental capacity to do so for themselves. The Act requires that as far as possible people make their own decisions and are helped to do so when needed. When they lack mental capacity to take particular decisions, any made on their behalf must be in their best interests and as least restrictive as possible. People can only be deprived of their liberty to receive care and treatment when this is in their best interests and legally authorised under the MCA. The application procedures for this in care homes and hospitals are called the Deprivation of Liberty Safeguards (DoLS).

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 two people who used the service were cared for in chairs, which could restrict their freedom of movement. The manager showed us applications had been made to the authorising body for the approval of DoLS.

Throughout the inspection, we saw staff gaining people's consent before care and support was provided. People's ability to provide consent was assessed and recorded in their care plan. Best interest meetings were held when people lacked the capacity to make informed decisions themselves, which were attended by a range of healthcare professionals and other relevant people who had an interest in the person's care.

People who used the service were provided with a wholesome and nutritious diet. The cook was knowledgeable about people's likes and dislikes and how to provide a nutritionally balanced diet for older people. She understood the importance of providing a high calorific diet to those who had a poor appetite and provided fortified meals, drinks and snack. We saw people's food preferences were recorded in their care plans along with their likes and dislikes.

The food on the day of the inspection looked wholesome, nutritious and well presented. The majority of the people who used the service stayed in their room to eat their meal. More food was offered if people wanted it and some took the cook up on this offer.

The dining room was pleasantly set out. People were offered a cold drink with their meal and then a hot drink to follow. Staff discreetly assisted those people who needed help to eat their meal and various aids and adaptations were used to assist people to remain independent. However, we saw some people were waiting a long time for their meals because so many people ate in their room and staff had to assist them first. People who were waiting seemed to be getting anxious and distressed. We also saw the staff seemed very rushed. This was discussed with the manager and they implemented a new system on the second day of inspection, which the staff said worked much better where by the meals were served in two phases so people were not sat in the dining room waiting. This had been identified in audits undertaken by the registered provider's representative when they had visited the service but no action had been taken.

During the inspection, we received a concern about the amount of food available for people to eat. We looked at the stock and found there was plenty of dried food and fresh food. The fridges and freezers were also well stocked and the cook told us they had no problem with supplies. Staff monitored people's food and fluid intake; however, this was not consistent and did not provide the required quality of information to make an effective assessment. It is recommended the registered provider refer to good practice guidelines about the amount people should be drinking to ensure this enough for their needs particularly those receiving nursing care.

People who used the service were supported by a range of healthcare professionals including GPs,

community nurses, social workers, community mental health teams, the falls team, speech and language therapists and dieticians. Record showed people were supported to attend hospital and GP appointments or their GP visited them at the service. Any changes to the person's needs were recorded in their care plans and risk assessments changed accordingly if required.

The environment was clean and tidy and the building had been purpose built. However, some of the people who used the service were living with dementia and the décor and signage was not adequate to help them easily find areas of the building like the toilet or the bathroom. It is recommended the registered provider refer to good practise guidelines to provide an environment which is helpful and more stimulating for those people living with dementia.

## Is the service caring?

### Our findings

People we spoke with told us they thought the staff were kind and caring, comments included, "The girls are marvellous, they are angels", "The staff are brilliant, they are so kind and caring and it's not an easy job they have" and "I can't fault the staff they are wonderful." People we spoke with told us the staff treated them with dignity and respect, comments included, "They [the staff] always speak to me respectfully, we have a bit of laugh and joke but no one gets nasty", "The staff always knock and wait to be asked in, they are so good" and "I never feel embarrassed with the staff they make me feel at ease, we all get along great."

Visitors we spoke with told us they thought the staff were kind and caring, comments included, "My mum gets fantastic care and support from the staff they are really good", "I can't fault the staff, I know they have a difficult job sometimes and are really busy but they never lose their temper" and "I think the staff are kind and caring." They also told us they thought the staff treated all the people who used the service with dignity and respect, comments included, "I never hear anyone raise their voice they are all calm and pleasant" and "They are so well mannered it's lovely to see these days."

We saw that staff approached people calmly and respectfully addressing them by the preferred name. All interaction was respectful. We heard lots of laughter and good natured banter, which was never demeaning, or at anyone's expense. People who used the service were obviously used to having a good open relationship with the staff as the conversations were 'easy' and the staff knew what people liked to talk about, for example, families, pets and previous occupations.

The registered provider had policies and procedures in place for staff to refer to which reminded them of their duty to respect people's chosen life styles and culture. At the time of the inspection we found that where people had any diverse needs these were catered for. For example, people's religious needs were recorded in their care plans and they were supported to visit local churches to maintain their faith. The staff told us they respected people's backgrounds, experiences and chosen lifestyles, one member of staff told us, "I respect all the residents and what they want, it's their choice and I'm here to make sure they get what they want."

Care plans we looked at showed people or their representatives had been involved with its formulation. Signatures had been gained to show people had read their care plan to confirm they understood and agreed its contents. This meant people were receiving care, which was of their choosing. The care plans instructed staff to closely monitor people's wellbeing. If anything happened to the person which affected their needs, for example, a stay in hospital, a fall or a change in the dietary needs the care plans were updated. Daily notes showed people were supported by staff to meet their needs and this helped to ensure they were well cared for and safe.

We observed staff assisting people throughout the inspection, this was done with dignity and understanding. For example, staff were heard to gently encourage people to walk or to undertake personal tasks. Staff were caring when for example, using equipment to assist people to mobilise and to transfer from chair to wheelchair. They told the person what they were doing and what would happen, they asked the

person to hold on tight and kept providing reassurance all the way throughout the process. They also covered the person's legs over to maintain their dignity.

The registered provider had information about the use of advocacy service if people needed this at any time. This was displayed in the entrance to the service. The manager told us there was no one at the service currently who had the support of an advocate but this could be arranged if needed or requested.

Staff understood they had a duty to keep information held about the people who used the service confidential. Care plans were kept locked away and only accessed when necessary. Staff told us, "We are not allowed to talk about what happens at work with anyone outside of work, it's all confidential" and "I don't speak about work to anyone its none of their business, we are here to protect people not gossip about them." The registered provider had a policy for staff to adhere to about the use of mobile phones while at work and their conduct on social media.

Staff told us they tried to maintain people's independence for as long as possible. One member of staff said, "I try and encourage the residents to stay independent with things like dressing and washing but sometimes they just get really tired" and "The residents who can do things for themselves should be encouraged it makes them feel better about themselves."

## Is the service responsive?

### Our findings

People we spoke with told us they knew how to complain and who they should speak to, one person told us, "I would go straight to the boss, I know they're new but they would sort it out" another said, "I would speak to the staff first and if it wasn't sorted I would go the manager." There was a mixed reaction to the level and quality of the activities, comments included, "We used to have lots going on but its dropped off a bit lately, I think it's with the staff leaving", "I don't think the staff get time to do things for us like they used to" and "I enjoy all the activities we had a few good singers at Christmas."

Visitors we spoke with told us they knew how to raise concerns and complaints and had been provided with information about the registered provider's complaints procedure. One visitor told us, "I would go to the staff first and if they couldn't do anything I would go to the manager, I know we can contact social services or yourselves [CQC] if we need to as well." Another said, "I have raised concerns in the past about the laundry and the food and the manager at that time listened to me and made changes, which was good." Visitors told us they thought the opportunity for their relatives to participate in activities had lessened recently, comments included, "I don't think the staff do much with the residents", "There isn't the amount of activities there used to be" and "The level of activities has dropped off quite a lot."

We found that monitoring charts had not been completed consistently. For example, one person's fluid chart had not been completed on the day of the inspection and showed the person had not had anything to drink for 24 hours. We could see no record of what the staff would expect someone to drink in a 24 hour period so the recording did not provide a good indication if the person was receiving enough or too little fluid, this is especially important for those people who have a catheter or have the risk of developing pressure area damage. This was discussed with the manager, they agreed to look at the way monitoring charts were used, and the relevance to the care the person received. The failure to provide accurate and meaningful assessments and records of people's needs is a breach of regulation 9 of the Health and Social Care Act 2008 (Regulated Activities) Regulation 2014.

We saw that before people were offered a place within the service a comprehensive assessment was completed to ensure their needs could be met. The assessment was then used to develop a number of personalised care plans such as, sense and communication, choices, decisions and lifestyle, healthier happier life, safety, moving around, washing and dressing, eating and drinking, breathing and circulation and future decisions. Each care plan had a corresponding risk assessment to ensure people were supported safely, consistently and effectively according to their needs and preferences. The staff told us they could access the care plans and were happy with the content, one member of staff said, "I look at their care plans to see if anything's changed or we need to do anything differently." We saw the care plans were reviewed and updated or when people's needs changed following an illness or an admission to hospital.

The manager told us a cook and a care assistant had the responsibility of providing activities. They ensured there were activities for people to participate in, they also undertook activities outside of the service. A calendar of events was displayed around the service. Some concerns had been raised prior to the inspection

about the lack of activities for people to participate in; we found these opportunities had diminished due to staff leaving and staff having to cover shifts. However, we did see staff undertaking activities with the people who used the service during our inspection. This was discussed with the manager and they are to look at the quantity and the quality of activities when more staff have been employed. It is recommended the registered provider looks at ways of stimulating people who used the service and offering activities which might encourage them to come out of their rooms a bit more.

Staff told us they knew they had a duty to respect people's choices. They told us, "I would always ask the residents if it was their choice I would never assume anything", "You can't make choices on their behalf it's not right, they have to have some choice even if it just what to eat or wear" and "We always ask the residents what they would like to eat or wear, or if they would like to do any activities." We saw people's choices and preferences had been recorded in their care plans and this had been signed to indicate the person had agreed these and these were their choices. For example, this detailed how they preferred to be cared for, their daily routines and their preference for meals, drink and clothing. Many of the people who used the service were nursed in bed or chose to spend the majority of time in their rooms. Staff were aware how this could affect people and made sure they spent time visiting people and checking if they needed anything. Staff told us "I try and get round everybody but so many of them are their rooms it can be difficult and some do get missed" and "It's sometimes hard to see everybody so we take it turns to go round to see if everybody's ok."

The registered provider's complaints policy was displayed within the service and an easy read version was available to ensure it was accessible to each person who used the service. When complaints were received, they were investigated and responded to in line with the registered provider's policy, where possible action was taken to improve the service. Information was also available about outside agencies the complainant could contact if they were not happy with the way their complaint had been investigated.

## Is the service well-led?

### Our findings

People we spoke with told us they had been involved with the running of the service and had attended meetings. Comments included, "We used to have really good meetings but not everyone can come now; I used to go round every one and ask for their opinions but that's not as easy now." "We often get asked how we are doing or if there is anything we would change, I've made suggestions about the menu before and it was changed." They also told us they had received surveys, one person said, "Yes, we do get surveys and they ask us about the food and what we think to the care and all sorts of things, I'm quite happy so I never have anything much to say." They told us that the manager was accessible and they felt confident talking to them, comments included, "I know the manager's new but she seems okay and I feel I could approach her for anything" and "We have had a few managers lately but this one seems fine, she will come and talk to you."

Visitors told us they found the manger approachable. Comments included, "I know they are new but they seem to be making some changes, which I think are for the best" and "I can speak to the manager they're very open and honest, I raised a concern with her and she was fine about it and got it sorted." They also confirmed they had been consulted about the running of the service, comments included, "We have had meetings about any changes" and "I attend the meeting with mum and they are really good we get to know lots of things about what's going to happen." Visitors also told us they had completed surveys asking for their opinions about the services offered, comments included, "Yes we get regular surveys" and "I've had surveys in the past they seem to do them quite often."

Currently there is no registered manager at the service, they are intending to submit an application to the CQC for registration but at the time of the inspection, this had not been done. Due to the absence of a registered manager the rating for this domain can be no higher than requires improvement. However, they still understood their responsibility to submit the required notifications about anything, which happened in the service, which affected the wellbeing of the people or the smooth running.

We found that monitoring charts which were used to check people were receiving the right amount of fluid had not been completed consistently and this could have had a detrimental effect on the care the person received. We could find no evidence of any monitoring systems in place that checked the quality of fluid charts or any other charts used that ensured people were receiving appropriate care. We received a concern about the use of incontinence aids, which the manager was not aware of. The manager was unable to show us systems that were in place and used to regularly monitor if the person was using the right aids or this needed changing. We also found the deployment of staff had not been evaluated and how this was impacting on the service people received. There was a failure to ensure documents were up to date and showed a full and contemporaneous account of the needs of the person and how their welfare was being monitored. There was a lack of an effective auditing system which ensured people's need were met, both of these are a breach of regulation 17 of the Health and Social Care Act 2008 (Regulated Activities) Regulation 2014.

The manager was new in post but had implemented a system called 'flash meetings' which took place daily.



This was an opportunity for senior staff to share with the manager any problems with running of the service and the condition of the people who used the service. It was also an opportunity for the manager to share with the staff any changes or instructions for that day. Staff told us they found the meetings useful but sometimes felt the sharing of information was bit burdensome. This was shared with the manager and they agreed to talk to staff and look at the amount and way the information was shared.

There had been staff meetings held and minutes showed the manager had introduced themselves and shared with the staff their vision for service going forward. Staff told us they had found the meetings useful and thought the manager had a difficult job in reinstating the services reputation and profile, one member of staff said, "I have worked in few homes but this one is well run and the manager is doing all the right thing to turn it around, despite what some staff think."

We saw surveys had been undertaken with the people who used the service and those who had an interest in their welfare, for example, their relatives and health care professionals. The results of these surveys were collated and time limited action plans put in place to address any shortfall or identified issues. The registered provider also undertook survey and chose a random sample of people who used the service and relatives to seek their opinions. The registered provider expected the manager to undertake audits and report these back so an assessment could be made of the running of the service. An audit was also undertaken by a representative of the registered provider to assess the effectiveness and the functioning of the service. The internal audits the manager carried out included amongst other things, the quality of the care plans, staff training, staff supervision and the environment, however there were no audits in place which had identified the issues found during the inspection with the quality of the recording in the monitoring charts.

All records were stored securely and all computers were password protected. The registered provider was registered with the information commissioner's office, a requirement when computerised records are held. Staff records were also held securely.

We saw all repairs were carried out promptly. We had received a concern during the inspection that one of the sluices was not working. We saw a new one had been delivered to the service and was waiting installation. This was installed by the second day of the inspection. A few concerns had been raised about the reliability of the lift. This was discussed with the manager and new parts had been ordered and were being installed. They told us they would monitor the reliability of the lift and consult with the registered provider as the further plans for replacement if needed. We saw all equipment used to support people was regularly serviced and fire drills and fire equipment had been tested at regular intervals.

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 9 HSCA RA Regulations 2014 Person-centred care
Treatment of disease, disorder or injury	Staff were not completing monitoring chart which showed the amount of fluids and support people were receiving.

Regulated activity	Regulation
Accommodation for persons who require nursing or personal care	Regulation 17 HSCA RA Regulations 2014 Good governance
Treatment of disease, disorder or injury	There was a failure to ensure documents were up to date and showed a full and contemporaneous account of the needs of the person and how their welfare was being monitored. There was a lack of an effective auditing system which ensured people's need were met.