

Mr David Hetherington Messenger

# Epworth House Care Centre

## Inspection report

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### Ratings

#### Overall rating for this service

Inadequate



Is the service safe?

Inadequate



Is the service effective?

Requires improvement



Is the service caring?

Good



Is the service responsive?

Requires improvement



Is the service well-led?

Inadequate



### Overall summary

This inspection took place over two days on 18 and 26 January 2016. The inspection was an unannounced inspection, which meant the provider and staff did not know we would be visiting.

The home was last inspected on 26 May 2015 and 4 June 2015 and the service was not meeting the requirements of four regulations of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

The service had a history of breaches of regulation. We checked to see if any improvements had been made with

breaches of regulation identified at the last inspection. These included, regulation 12 safe care and treatment, regulation 13 safeguarding service users from abuse and improper treatment, regulation 16 receiving and acting on complaints and regulation 17 good governance, on this inspection.

At the last comprehensive inspection this provider was placed into special measures by CQC. This inspection

# Summary of findings

found that there was not enough improvement to take the provider out of special measures. CQC is now considering the appropriate regulatory response to resolve the problems we found.

Epworth House Care Centre is a care home registered to provide personal care and accommodation for up to 67 older people. The home is separated into two units. One unit is for people living with dementia and is sited on the first floor. The second unit is for people who have personal care needs with the main living accommodation sited downstairs. At the time of our inspection 42 people were living at the home.

There was a registered manager in post at the service, but this person was no longer managing the service. 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 and associated Regulations about how the service is run. There was an acting manager who was in day to day charge of the location and they were present during the inspection. It was not their intention to become registered manager.

Staff had developed positive relationships with people and people were relaxed in the company of staff. Relatives told us staff were caring towards their family members and treated them with respect and we found staff to be respectful and caring to people. Staff enjoyed working at the home. They knew people and were able to describe people's individual likes and dislikes, their life history and their personal care needs.

People told us they felt 'safe' and staff had received training in safeguarding and were aware of the procedures to follow to report abuse. The record of safeguarding incidents contained no evidence of any lessons learnt and of any further action taken to protect people from further harm.

We found people were at risk of potential harm, because the service had not always managed risks to people and the service well and had not rectified this in a timely way when those risks were identified. This meant there continued to be care records that did not contain up to date or accurate information about people.

The service provided some day time activities for people, but there was a mixed response about the impact this had in improving people's wellbeing.

Meal times were an enjoyable experience for people, where they were able to make choices and overall where people felt the quality of the food was good.

The home did not have effective systems in place to manage medicines, which meant people were not always protected from the risks associated with medicines.

Staff recruitment procedures were in place, but there remained gaps in some of the information and documents required about a person seeking to work in care to help employers make safer recruitment decisions were available.

A system was in place for staff to receive training relevant to their role, but staff had not received training in people's behaviour that challenged and they did not have sufficient knowledge of the decision making process when a person lacked capacity following the principles of the Mental Capacity Act 2015.

The acting manager demonstrated her commitment to listening and learning from stakeholder's experiences, concerns and complaints, but we found they were not always aware of complaints that had been made, so that they could respond in a timely way to them.

Staff told us senior managers visited the home regularly and they had the opportunity to speak with them if they needed to. The home held residents and relatives meetings, some of which had not been attended by people or their relatives.

Quality assurance systems were in place to monitor and improve the quality of service provided, but these had not always been effective in achieving the required improvements to meet regulations.

We found three continued breaches of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014. You can see what action we told the provider to take at the back of the full version of the report.

# Summary of findings

## The five questions we ask about services and what we found

We always ask the following five questions of services.

### Is the service safe?

The service was not safe.

We found people were at risk of potential harm, because the service had not always managed risks to people and the service well and had not rectified this in a timely way when those risks were identified.

Observations and checks of medicines showed that medicine systems and processes were not always well managed.

A safe recruitment process was not in place where all the information and documents required to help employers make safer recruitment decisions were available.

People told us they felt 'safe' and staff had received training in safeguarding and were aware of the procedures to follow to report abuse, but the record of safeguarding incidents contained no evidence of any lessons learnt and of any further action taken to protect people from further harm.

Inadequate



### Is the service effective?

The service was not always effective.

A system was in place for staff to receive training, but staff had not received training in people's behaviour that challenged and they did not have sufficient knowledge to be aware they must follow the principles of the MCA when arriving at decisions made in the best interest of people when a person lacked capacity.

Meal times were an enjoyable experience for people, where they were able to make choices and overall where people felt the quality of the food was good, but that the systems in place to protect people from malnutrition were not always followed.

People did have access to health care professionals, but the record was not always completed in a way that ensured people would receive timely and appropriate follow-up care or changes to their care plan from staff.

Requires improvement



### Is the service caring?

The service was caring.

Staff had developed positive relationships with people and people were relaxed in the company of staff.

Relatives told us staff were caring towards their family members and treated them with respect and we found staff to be respectful and caring to people.

Good



# Summary of findings

Staff enjoyed working at the home. They knew people and were able to describe people's individual likes and dislikes, their life history and their personal care needs.

## Is the service responsive?

The service was not always responsive.

There continued to be care records that did not contain up to date or accurate information about people.

The service provided some day time activities for people, but there was a mixed response about the impact this had in improving people's wellbeing.

The acting manager demonstrated her commitment to listening and learning from stakeholder's experiences, concerns and complaints, but we found they were not always aware of complaints that had been made, so that they could respond in a timely way to them.

**Requires improvement**



## Is the service well-led?

The service was not well led.

The registered person had not achieved compliance with regulations and a registered manager was not in post.

There were planned and regular checks completed by the area manager and acting manager within the home to make improvements to the quality of the service provided and meet regulations. We found these had not always identified improvements needed and ensured sufficient improvement to achieve compliance with regulations.

Care staff understood their role and what was expected of them. They were happy in their work, motivated and confident in the way the service was managed. Meetings were being held with staff, but these had not brought about the required improvements.

**Inadequate**



# Epworth House Care Centre

## 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.

This inspection took place over two days on 18 and 26 January 2015. The inspection was unannounced. On the first day an inspection manager, two adult social care inspectors and a bank inspector carried out the inspection. On the 26 January 2016 an inspection manager and one adult social care inspector completed the inspection, both who had visited on the first day of the inspection.

Before our inspection, we reviewed information we held about the service. This included correspondence we had

received about the service and notifications required to be submitted by the service. This information was used to assist with the planning of our inspection and inform our judgements about the service.

We used a number of different methods to help us understand the experiences of people who lived in the home. We spent time observing the daily life in the home including the care and support being delivered. We spoke with five people who used the service, four relatives, two healthcare professionals, the operations manager, the acting manager, the administrator, the staff member responsible for training and five members of care staff. We looked around different areas of the home such as the communal areas and, with their permission, some people's rooms. We looked at a range of records including fourteen people's care records and other records relating to the carrying on and management of a care home.

# Is the service safe?

## Our findings

We checked progress the registered provider had made following our inspection on 26 May and 4 June 2015 when we found breaches of regulations in regard to the safeguarding service users from abuse and improper treatment, safe care and treatment and good governance.

We checked the systems in place for how the service protected people from harm and abuse.

Everyone we spoke with, both people and relatives, believed that their personal safety and that of their relative was managed well in the home.

Staff told us they had received safeguarding vulnerable adults training, so that they had knowledge of what constituted abuse and how they must report any allegations. When we spoke with staff they were clear of the action they would take. Staff were confident that senior staff and managers would listen and act on information of concern and would report any allegations of abuse.

Our review of notifications showed the service had notified us of allegations of abuse that had been made. This told us systems were in place and followed, to respond to and record safeguarding vulnerable adults concerns. However, we found the record of safeguarding incidents contained no evidence of any lessons learnt and of any further actions taken to protect people from further harm. For example, we saw that one person had scratched another person within the home. A safeguarding alert had been made to the local authority and a statutory notification made to ourselves as required but there was no evidence of any assessment or actions required to protect people in the future and/or minimise the risk of further occurrence. The acting manager confirmed action plans/lessons learned were not developed from safeguarding incidents and investigations.

The above evidence demonstrates a continued breach of Regulation 17 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014, good governance.

We checked the systems in place for safeguarding people's money.

We looked at the records of three people whose money was managed by the service. We found a record of financial transactions and saw that receipts were available to verify money that had been spent. Transactions were signed by a second staff member to verify each financial transaction.

The record of monies and actual monies was audited weekly to minimise any errors in the management of people's finances and identify any discrepancies as soon as possible. This meant that systems and processes were in place to safeguard people's money.

We checked how the risks to individuals and the service were managed so that people were protected and their freedom supported and respected.

A fire risk assessment was in place, together with associated fire maintenance checks. We found that the service's policy for face to face fire evacuation was assessed for staff to receive this annually. The training record stated 62% of staff had not received this annually. This included 30% of staff that worked at night. 22% of staff had not received any face to face fire evacuation. The fire drill record showed incomplete information. The member of staff responsible for training did not have an overview of which staff had been present on a fire drill. We found two people's personal emergency evacuation plans did not reflect their needs. The area manager told us these had been updated for everyone during the inspection, since we had identified this. This meant there was a risk that the information and procedures in place to minimise risks in the event of a fire were not safe.

The above evidence demonstrates a continued breach of Regulation 17 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014, good governance.

On the first day of inspection it was recorded in the 24 hour handover record that ten people had experienced diarrhoea, vomiting, or both in the previous 24 hours. The acting manager had not advised stakeholders of the symptoms and that there may be a risk of infection or isolated those people affected. The acting manager felt the symptoms were unconnected and due to changes in medication or other factors. We checked the guidelines that were in place to manage infections due to diarrhoea and vomiting. This contradicted what the acting manager had told us and we asked her to investigate. On the second day of the inspection we checked the outcome of the investigation. The investigation identified only one of the ten people continued to show symptoms and they were isolated for a further 48 hours after the last symptoms. However, we discovered that on the 20 January 2016 there were further clients on a different unit with similar symptoms. At that point the infectious disease guidelines

## Is the service safe?

were implemented. This meant people had been placed at potential risk of contracting an infectious disease because guidelines at the start of a potential outbreak had not been implemented.

There was a system in place to complete individual risk assessments for people who used the service in relation to their support and care, but these had not always been implemented or reviewed and amended in response to their needs. For example, on the first day of the inspection we spoke with one person who was grieving and expressed a wish to die. We spoke with staff about this who told us the person often said this and that their spouse had died. We asked what action had been taken in response to this. One of the staff members who did not usually work on the unit said, “we usually encourage them to join in activities”. We looked at the person’s care file. The file did not contain any reference to the person’s expressed need. We spoke with the area and acting manager about this and asked them to review the person’s care needs. On the second day of the inspection we checked that this had been completed and found the care file remained the same.

Our findings demonstrated the acting manager had not implemented recommendations to manage risks in a timely way.

The above evidence demonstrates a continued breach of Regulation 12 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014, safe care and treatment.

Checks were in place of other risks associated with service provision such as, gas, electric, equipment and legionella. The servicing of the legionella was out of date and was brought to the attention of the registered provider. Appropriate insurance cover was in place.

We checked how people’s medicines were managed, so that they received them safely.

We observed staff administering medicines to people. We saw staff did not follow good infection prevention and control processes when administering medicines. For example, carrying a person’s medicine to them in four dosage cups by lifting the cups with their fingers inside, without wearing gloves, washing their hands or using antibacterial gel to sanitise their hands and handling medicines by taking them out of medicine ‘pots’ and placing them directly on table.

We saw that one person was given medicine that should be taken 30 minutes before food, with their breakfast meal. This meant the prescribed medicine may be ineffective.

The dates of when bottles of medicines were opened were not recorded, which meant there was a risk of them being used outside of safe timeframes. Medicines used outside of their recommended expiration dates may not be effective.

Staff followed appropriate procedures when completing the medication administration records (MAR), for example, signing only after they had witnessed the person taking their medicine.

We looked at the MAR’s for 15 people. We found inconsistencies between the records identifying a dose had been administered and the stock remaining. For example, one person was prescribed a blood pressure medication, which they had to take on a daily basis. The MAR for this medicine had gaps for two days in January 2016, which meant staff had not signed to record the medicine had been administered. We looked at the stock of this medicine and the blister pack was empty for those days. For another person, a medicine prescribed for fluid retention was absent from the blister pack, but the MAR did not identify the person had been administered the medicine. This meant people were not protected from the risks associated with medicines, because staff had not always maintained accurate and up to date records.

There was a policy in place for staff to administer medicine’s as required (PRN) to people, such as topical medicines and painkillers. Staff had not always followed this policy with regards to record-keeping. For example, the PRN protocol form pro-forma prompted staff to identify when the PRN might be administered, such as the details of the condition being treated, symptoms, behaviours, triggers, type of pain etc, but we found this hadn’t always been completed or completed as required on the pro-forma.

Whilst checking one person’s care file we found they had been prescribed a topical medicine for their feet and legs. A topical medicine form was in the care file for this and for it to be applied three times daily. The record for application showed inconsistencies in the application. When we checked the medicine administration record (MAR) there was no record of the receipt of the medicine. The member of staff we asked was unaware the person had been prescribed the medicine. We checked where the medicine



## Is the service safe?

was stored. There was a medicine in the box identified as being for the person, but the medicine name was no longer visible. The expiry date was prior to this person's topical medicine being prescribed. This demonstrated that systems and processes for receipt of, recording and administration of people's medicines were not robust.

We also found topical medicines were being stored in cupboards so that care staff had easy access to apply the creams when providing assistance with that task. We found one cupboard was in the staff room and not locked and the other in a linen cupboard where there was no record of the temperature. This room was warm, suggesting it was above 25 degrees the recommended temperature for storage of the medicines. If medicines are stored outside of recommended temperature ranges, this can impact upon how effective they are.

The above evidence demonstrates a continued breach of Regulation 12 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014, safe care and treatment.

At the two previous inspections we identified a recruitment process where all the required information and documents as specified in Schedule 3 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014, were not available. Schedule 3 is a list of information required about a person seeking to work in care to help employers make safer recruitment decisions.

We checked three staff files where we had identified gaps in information and documents at the previous inspection. These had not been rectified. We checked a further two files of staff who had been recently employed. There continued to be information and documents omitted.

The service had implemented an improvement plan for Epworth House Care Centre since the last inspection. The improvement plan identified action required to improve and included breaches from the last inspection. The improvement plan identified audits had been completed on staff files. One audit stated three files had been checked for references from previous employers in care. We checked two of those files and found conflicting information. This meant the improvement plan had been ineffective in facilitating compliance with the regulation.

The area manager could provide no explanation why this continued to be the case, but said that during the inspection she had amended application forms to now request a full employment history.

This meant the necessary improvements required to ensure an effective recruitment process had not been made and the service remained in breach of Regulation 17 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014, good governance.

We checked and found that sufficient numbers of suitable staff were available to keep people safe and meet their needs.

Relatives we spoke with told us they felt there were enough staff on each shift to keep people safe, although one relative said meal times were very busy because of the number of people who needed support to mobilise and to eat.

Although we saw that at most times staff were available to meet people's needs when required, we did see during lunchtime on the ground floor dining room there were not enough staff to help a person to the toilet immediately when they asked, which supported what the relative had told us. A member of senior staff acknowledged the person but said they needed to wait until they had finished administering medicines first. There were no other care staff available in the room at the time.

Staff were visible in communal rooms and call bells were not sounding for any length of time.

The area manager provided a dependency assessment summary sheet that identified the number of care hours they had calculated were required to meet people's care needs and what this equated to in numbers of staff. This was eight members of care staff during the day and five care staff at night.

When we spoke with staff they told us that the numbers of staff on duty were sufficient to meet people's needs since the numbers had not reduced since the closure of the intermediate care unit.



# Is the service effective?

## Our findings

We checked progress the registered provider had made following our inspection on 26 May and 4 June 2015 when we found breaches of regulations in regard to the safeguarding service users from abuse and improper treatment, safe care and treatment and good governance.

The acting manager provided two records that were used to monitor the training completed by staff. They provided conflicting information and therefore it was difficult to obtain a true picture of training that staff had undertaken. The member of staff responsible for training told us it was the training matrix that was up to date. Whilst the majority of training relevant to staff's roles and responsibilities had been completed, there remained similar gaps as at the last inspection. On the training matrix there was no record that staff had received training to manage people's behaviour that challenged. There was also inconsistency in the numbers of staff attending training about Mental Capacity Act (MCA) and Deprivation of Liberty Safeguard (DoLS). These training topics had been identified as requiring improvement at the last inspection.

When we spoke with staff, staff confirmed they received training that was relevant to their role and enabled them to carry out their role. In regard to the training referenced above they said, "I've only done a little bit about MCA/DoLS, but it's included in safeguarding training. There's only one person on a DoLS. Something had to be signed before that person can go out. I've not had any behaviour that challenges training or restraint" and "We do booklets with [member of staff responsible for training]. [DoLS] is about restraining people for their own safety. I know one person with a DoLS, but I don't know any others. I've not done MCA training and wouldn't know when I would need to do one." One member of staff in regard to safeguarding training said, "I've done booklets, but it's hopeless, I'm more hands on – verbal".

When we spoke with staff they told us they received supervision and some could recall an annual appraisal. Supervision is the name for the regular, planned and recorded sessions between a staff member and their manager for the purpose of reflecting and learning from practice, personal support and professional development in accordance with the organisation's responsibilities and

accountable professional standards. An appraisal is a meeting a staff member has with their manager to review their performance and identify their work objectives for the next twelve months.

The acting manager provided a matrix of when staff had received supervision and the current year where dates were planned. This information corresponded with the information in staff files we looked at.

We checked that people consented to care and treatment in line with legislation and guidance.

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 there were people being deprived of their liberty and that the authorisations in place were being complied with. In this way the DoLS legislation was being utilised appropriately as it was intended to protect people's rights. However, we found other instances where decisions had been made in people's best interests, but the assessment process that preceded the decision was not being carried out. For example, a relative told us that after their family member had fallen out of bed, staff had quickly installed bed rails and a pressure mat, which sounded an alarm if their family member fell out of bed. We looked at that person's file and found staff had not completed an appropriate risk assessment, including a mental capacity assessment, when making the decisions to install bed rails and use a pressure mat. As such it could not be evidenced that this course of action was the least restrictive option and in the person's best interests.

## Is the service effective?

The registered provider had commissioned an external provider to undertake an audit of the quality of the service provided at the service. Their progress report identified the manager needed to revisit all MCA's.

Staff we spoke with had some understanding of DoLS and could describe what this meant in practice, but they lacked knowledge of the assessment process to evidence a person's lack of capacity prior to this, which meant staff did not have relevant knowledge of procedures to follow in line with legislation.

The above demonstrates a continued breach of Regulation 17 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014, good governance.

We checked the systems in place to ensure people were supported to have sufficient to eat, drink and maintain a balanced diet.

We observed the breakfast and lunch time meals served at the service.

People and relatives we spoke with told us they were happy with the quality of the food. Comments included, "The food is especially good. [People] get the food that they love and remember from home like pies and good meat. I'm really pleased the cooks understand people so well, [people] get hearty meals they enjoy", "They get good wholesome food, what they like to eat and are used to eating – porridge, meat and potatoes, pie, thick soups. They always try to encourage and persevere with people to make sure they eat" and "[Person] has never eaten so well!" However, one person who lived at the home when asked about meals said, "They're not so good if you ask me, for what we're paying. Breakfast is best. They say meat is chicken, but it's not really, it's chicken strips, not proper chicken. It's the same thing week after week".

We saw people were offered various choices of drinks and encouraged to stay well hydrated. Staff ensured the meal service was a sociable occasion for people by encouraging them to sit with their friends and talking with them during the meal. We saw staff were kind, patient and good-humoured when speaking with and supporting people. Kitchen staff had an active role in the lunch service. For example, both cooks walked around the dining room, helped to serve the meals and talked with people. Where a

person needed help to cut up their food, kitchen staff were able to help them. People were visibly relaxed around staff and enjoyed the time staff spent talking with them, which we saw created a positive and inclusive atmosphere.

We found the systems in place to protect people from malnutrition were not always followed. For example, we found people had a malnutrition universal screening tool (MUST) in their care plan, which staff used to record a person's weight and identify any risks associated with weight loss, but we found these were not always up to date or the care plan followed. For example, we looked at the care plan of one person who had been identified as at risk of malnutrition by a dietician. The person's care plan stated they needed to be weighed every week. We found between July 2015 and our inspection, only 19 weights had been recorded out of a possible 26. There was no MUST assessment recorded for November 2015 and the December 2015 entry did not include a recorded weight. Staff were required to record daily fluid intake for this person. We found total daily fluid intakes were not recorded and no drinks were recorded as being given between the hours of 1700 and 0800 every day, in the month leading to our inspection. Nutrition intake records were also recorded inconsistently and did not indicate action taken when there was cause for concern. For example, a January 2016 entry indicated the person had not eaten breakfast, a mid-morning snack, an afternoon snack, dinner, supper or any food overnight. It was recorded they had eaten a quarter of their lunch. There was no record staff had followed this up or that appropriate risk mitigation strategies had been put in place.

For another person, they had, had a cumulative weight variance over eight months, the monthly weight chart had not recorded this and the MUST tool had not recorded regular reviews. The person was still identified as being low risk. This was reviewed during the inspection and it was recorded a GP was to be contacted. Staff told us this had been done, but there was no record of this in the person's file.

The above demonstrates a continued breach of Regulation 12 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014, safe care and treatment.

We checked that people were supported to maintain good health, had access to healthcare services and received ongoing healthcare support.

## Is the service effective?

We spoke with two health professionals. They told us that sometimes when the manager was not on duty, staff did not always seem to know people well. They said there were always staff that were available to assist them and it was a friendly atmosphere.

People had a section in their care plan that could be used to state when a medical or healthcare professional had visited the person along with any prescriptions or recommendations. In the care files we looked at we found professionals that had visited included the memory team, district nurse, GPs, the eye clinic and a chiropodist. However, the record was not always completed in a way that ensured people would receive timely and appropriate follow-up care or changes to their care plan from staff. For example, a record in one person's care plan used the first name of the healthcare professional rather than their role or designation. The record stated, "Ref moving/handling, don't assess in residential home, should have own moving/handling coordinator on premises." It was not recorded who had written this, what it referred to specifically or how staff had followed this up.

The system in place was insufficient for staff to 'track' the healthcare needs of people, such as the need for a medical

appointment or sending samples for testing. For example, one person had been visited by their GP three days before our inspection, who had instructed staff to obtain and submit a urine sample. We saw this had been recorded in a communication book, but had not been acted upon. A member of staff on duty said they were not aware of the need for a urine sample. The person's relative told us the person's condition had deteriorated over the previous two days and they were concerned staff had not obtained a urine sample for testing or contacted the GP again when the person's condition became worse. They said, "Today staff seemed flippant about the urine sample. I asked the senior [carer] why it hadn't been done and they said, "Oh yeah, we did think about that yesterday." Staff were not able to explain why the instruction for a urine sample had not been acted on and there was not a system in place to document that senior staff had followed instructions written in the communication book.

The above demonstrates a continued breach of Regulation 12 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014, safe care and treatment.

# Is the service caring?

## Our findings

We asked people and their families about their relationships with staff and whether they felt staff respected them and maintained their privacy and dignity. In addition, how the service supported them to express their views and be involved in making decisions about their care, treatment and support.

When we spoke with people there was a consensus of opinion that staff were kind and caring.

All of the relatives we spoke with told us they were happy with the kindness shown to people by staff. Comments included, "I can't say enough about the staff and how wonderful they are. I can sleep at night knowing [person] is safe and being looked after. Staff are really quick to get in touch about anything. They do seem to spend a lot of time on paperwork. I wish they could spend this time more usefully with people, with the face-to-face care instead", "The care staff are lovely. They are very kind, gentle people and their attitude can't be faulted. It's only the problems with communication that's been the problem. If something happens to [relative], we need to be told. I don't know why they've stopped doing that", "I can go away for a week with a clear mind because [person] is cared for so well here. I haven't had a single concern in two years and if I ever did, I'd be the first to speak up" and "I can't understand the last report. I come every day and see what goes off. I sit and watch staff and I have nothing but admiration for them. They're so caring and try hard with people. They don't have anyone sitting. The women are fantastic, they do everything possible – have a laugh and a joke with people. Care is first rate. Commitment is first rate. It's happiness as soon as you walk in. Nobody sits waiting. Staff work with people, they don't leave people to stew. My mum wouldn't

be here if it was poor. Staff are very calm and upbeat with some very difficult people. They send for doctors and let me know and adhere to what he says. They're always seeing to her. She's got better since she came here".

No-one we spoke with made negative comments about the staff.

Throughout our inspection, we observed staff giving care and assistance to people. We found staff were respectful and treated people in a caring and supportive way. Staff were familiar with people and their life histories and knew their likes and dislikes and they approached discussions with people in an informed manner. People were relaxed in the company of staff and the relationship between them identified an informal camaraderie between them.

During our observations we saw a domestic walk past someone and tapped them on the shoulder and said, "Are you ok, lovely". The person said to us, "That was very nice of the cleaner to do that. She's affectionate".

Interactions between staff and people were patient and caring in tone and language. Staff were reassuring to people who were distressed and displaying behaviour that challenged.

We did not see or hear staff discussing any personal information openly or compromising privacy.

Staff we spoke with were able to describe how they maintained people's dignity and respect and gave examples of how they would implement this. This included practice such as ensuring personal care was provided discreetly and maintaining confidentiality.

It was clear from our discussions with care staff that they enjoyed caring for people living at the service, because they spoke of people in a caring and thoughtful way. Care staff demonstrated familiarity and knowledge of people's individual needs, life history, their likes and dislikes and particular routines.

# Is the service responsive?

## Our findings

We checked progress the registered provider had made following our inspection on 26 May and 4 June 2015 when we found breaches of regulations in regard to records and receiving and acting on complaints.

When we spoke with relatives they told us they were consulted and informed in the decisions about the care of their relative and that there was a care planning process in place. Two family members we spoke with told us they had been involved in the initial forming of the care plan for their relative, but staff had not involved them in any future reviews.

There were mixed comments about how responsive staff were in regard to the care their relatives received. One relative told us they had found the standard of person-centred care to be very high. They said, “Individual care here is exceptional. [Staff] really go out of their way to make sure everyone gets the care they need and want.” Another relative, told us they had concerns about the level of knowledge and understanding some care staff had about the individual needs of people. They said, “Staff don’t seem to know very much about what’s in the care plans. I’ve asked about what’s in the emotional needs and psychological needs care plans of [person] because I wanted to find out if what was written was what actually happens. But they [staff] don’t seem to know much about it. I don’t think the care they provide is based on any kind of needs assessments.”

Our discussions with staff identified senior care staff were responsible for implementing and reviewing people’s care plans and associated documentation. All staff were responsible for recording the care delivered to people on a daily basis.

Care records did not always contain accurate and complete records for people, so that staff had guidance to follow in how they need to respond to people’s needs. For example, in the cognition section of one person’s care plan, it was recorded, ‘[Person] has dementia and finds it hard to remember things’. In the communication section, staff had written, ‘[Person] mumbles her words and staff may find it difficult to tell what she is saying’. This meant the record for the person did not contain information to guide staff in communicating with this person to ensure they received appropriate care. The person’s communication passport

used to take with them if they needed to go to hospital did not include a photograph and some of the information was vague. For example, in the section titled ‘Things I don’t like’, the information recorded was: ‘Some aspects of intervention’, but didn’t state what this was. This meant there was not a clear, complete record of the needs of the person.

Each person’s care plan included an ‘About Me’ section, which was used to record personal information to help staff understand the needs of the person. This included sections titled ‘What is important to me’ and ‘How you can support me’. This was inconsistently completed in the care files we looked at, some being well completed, but others containing little or no information. In one person’s care plan there was a note in the care plan dated October 2015 to state it needed to be completed, but it remained blank.

This above demonstrates a continued breach of Regulation 17 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014, good governance.

When we spoke with people about how they spent their time and about any activities, responses varied. One person said, “There’s nothing to do only telly”, but then went on to say “We ice buns with [activity co-ordinator] and we’re doing something for Valentines”. They also said, “I’ve never been out since the day I came. It’d be nice to go to Asda in wheelchair, but they say later and never come back”.

During the inspection we observed displays of activities that had taken place with people, but saw little meaningful interaction between staff and people of activities taking place over the two days. We saw two gentleman playing a game of dominoes and staff asking them questions about the rules. On the dementia unit there was a room for people to use containing lots of games, DVD’s, books, creative and artistic materials and a beauty area, but during the inspection was rarely used, with people living on that unit sat in the lounges and staff sat with them.

When we spoke with relatives again there was a mixed response about the activities that took place. Comments included, “They try and do activities with them. They do jigsaws, they have like a bingo hall and shows” and “I don’t see much going on when I come in. [People] seem to sit around a lot and eat a lot, not much else.”

We checked how the service listened and learnt from people’s experiences, concerns and complaints.

## Is the service responsive?

We found the complaints process was displayed in the reception area, providing details on how people could make a complaint. The acting manager also provided a copy of the complaints policy.

On the first day of our inspection, we witnessed a complaint being made to the acting manager. The complaint was made by a relative of a person who lived in the home and related to communication between staff and the person's family. We saw the acting manager responded appropriately to the complaint and promised to investigate further. On the second day of the inspection we saw this had been recorded in the complaints log, investigated and the outcome shared with the relative. However, the same relative told us they had raised their concerns with staff at the time both falls, which were the subject of the complaint, happened, but had not received an appropriate response. They said, "When [relative] fell out of bed, the first we knew was when we came in and saw [relative] had a black eye. Of course we were upset and we were surprised by how dismissive the [staff member] was. They

just said, "It's okay, she just fell out of bed, she's fine." And then after that we came in and [relative] had slid out of her chair and staff just said, "She's fine" again. I didn't feel they took it seriously at all." The relatives said they'd raised this with the manager at the time of both incidents, who had said they hadn't been aware of either because staff hadn't told them. We found an entry in the communication record of the person's care file that stated, "[Relative] complained r/e not being informed of [person] being found on the floor in the lounge." There was no record of any action taken following this or that the complaint had been escalated to the manager. Neither had this been recorded in the complaints register. This meant the system for receiving and acting on complaints continued to be ineffective in practice, unless the manager was informed directly.

This above demonstrates a continued breach of Regulation 16 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014, receiving and acting on complaints.



# Is the service well-led?

## Our findings

We checked progress the registered provider had made following our inspection on 26 May and 4 June 2015 when we found a breach of regulation in regard to good governance.

This service is registered by an individual provider. The registered provider had delegated responsibilities for the oversight of management at the home to a team of staff including an area manager. When we spoke with staff they told us the area manager visited the service regularly and they had the opportunity to speak with them if they needed.

The registered manager that had been in post since 5 June 2014, was no longer managing the service. The current position was that the deputy manager was acting as manager. The manager said she was supported by the area manager. A new manager had been appointed and recruitment information and documents were being collated before she commenced her position.

The new manager had already held a relative and resident meeting where relatives told us they had, had the opportunity to meet her.

We saw that the service's rating was displayed in the entrance of the home, as required by the regulations, but it was not displayed on the registered provider's website.

The registered provider had also commissioned an external provider to undertake an audit of the quality of the service provided at the service. We were provided with their progress report. The report identified where improvements were required and correlated to some of our findings during the inspection. For example, the progress report identified that the acting manager review all of the existing risk assessments to ensure that wherever possible concerns are identified these were supported by a risk assessment and where necessary a risk management plan. This meant the registered provider had not acted on recommendations to manage risks.

The area manager informed us that policies and procedures had been reviewed, but these were not yet operational.

Visits had been undertaken by the area manager on behalf of the registered provider. This was to implement and monitor progress of the improvement plan implemented since the last inspection.

The improvement plan was provided by the acting manager. Whilst the service had made some improvements in the areas required since the last inspection, these continued to be at an insufficient to meet the requirements of the regulations. The systems that had been implemented had not always been effective in practice and risks identified, managed in a timely manner.

We found improvements had been made in the percentage of overall staff undertaking training. However, staff had still not received training in people's behaviour that challenged and we found the staff had not improved their practice with the training they had received in MCA.

When we looked at the information and documents available for the safe recruitment of staff, we found the improvement plan had been ineffective in obtaining compliance. This meant the service were not improving their practice as a consequence of evaluating and analysing the results of their audits.

We found medicine audits and staff competency checks in place for staff responsible for medicines. These had been ineffective in ensuring appropriate improvements had been made to ensure compliance with regulations. For example, we found the medication competence-based assessment for two people had identified the need to wear appropriate personal protective clothing when administering medicines. We found in our observation staff not wearing appropriate PPE. This meant the service were not improving their practice as a consequence of evaluating and analysing the results of their audits.

We found care plan audits were in place. These had not identified that improvements were required in files to ensure they reflected an accurate and complete record of the care and treatment provided to the person and of the decisions made in regard to that care and treatment. The service's improvement plan identified 34 care files had been audited and found to be up to date and in depth. We found information that contradicted this. For example, we looked at the care file of one person. We found omissions for the decision making process for the person in regard to the use of a pressure mat, to alert staff in the event they got out of bed and gaps in associated information. The same



## Is the service well-led?

person had, had a cumulative weight variance over eight months, the monthly weight chart had not recorded this and the MUST tool had not recorded regular reviews. A care file audit for the person had not identified that improvements were needed with the record of this person and action needed. This meant the service was not improving their practice as a consequence of completing audits. The improvement plan monitored by the area manager identified that all risk assessments in people's files were updated monthly.

The above demonstrates a continued breach of Regulation 17 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014, good governance.

We spoke with people, their relatives and staff of their opinions about the leadership and management of the service. Everyone felt the managers were approachable, but one relative said, "We're satisfied with the care, it's leadership and management that are needed". They said they'd spoken with the new manager who was aware of this.

The acting manager provided minutes of meetings that had been held for people and their relatives. We saw eight meetings had been arranged since the last inspection, seven where no-one attended.

All staff spoken with made positive comments about the management and staff team working at the home. The acting manager told us that the home held staff meetings to discuss the performance of the home and provided minutes of those meetings. We found since the last inspection one meeting had been held with heads of departments, two with senior care staff, one with care staff, laundry, kitchen and domestics. The senior care staff meeting included discussion about medicines, individual roles, care plan training and safeguarding. Other meetings focused on the outcome of our previous inspection.

Surveys had been circulated to residents, relatives and staff for their feedback about the service. The results had been collated, but there was no action plan formulated to identify improvements to be made as a result of their feedback. For example, one person had said they did not like their room and were happy living there, but there was no plan about the steps they were taking to address this. Similarly the visitor's questionnaire identified everyone had identified an odour in the home, but there was no plan about the steps the service were going to take to improve this.