

Laureston House Limited

# Laureston House Residential Home

## Inspection report

Laureston House  
Laureston Place  
Dover  
Kent  
CT16 1QU

Tel: 01304204283

Website: [www.laurestonhouse.com](http://www.laurestonhouse.com)

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## Ratings

Overall rating for this service

Requires Improvement 

Is the service safe?

**Requires Improvement** 

Is the service effective?

**Requires Improvement** 

Is the service caring?

**Good** 

Is the service responsive?

**Requires Improvement** 

Is the service well-led?

**Requires Improvement** 

# Summary of findings

## Overall summary

This inspection took place on the 22 and 24 of October 2018. The first day of the inspection was unannounced, we told the registered manager that we would be returning on the second day.

Laureston House Residential Home is a 'care home'. People in care homes receive accommodation and nursing or personal care as single package under one contractual agreement. CQC regulates both the premises and the care provided, and both were looked at during this inspection. The service is registered to accommodate up to 21 people. At the time of the inspection there were 18 people living there, some people were living with dementia.

At the last inspection the service was rated good. At this inspection we found that the provider had been unable to sustain this rating. The service is now rated requires improvement as we identified breaches of the Health and Social Care Act 2008 (Regulated Activities) 2014.

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

Risks to people were not always mitigated. This included risks associated with skin integrity and continence needs. Where people needed equipment to remain safe this was not always being used. The service was not able to demonstrate that risks from the environment had been managed. For example, the service was not able to demonstrate that the lift had been checked to ensure that it was safe before the inspection.

Medicines were not always managed safely. For example, creams and liquids were not dated when they were opened so staff would not know when they needed to be used by. Medicines were not always stored safely.

The environment did not always meet people's needs. The decoration in of the home needed to be improved in some areas. Some areas needed some repair and there was a lack of storage which meant that some items were stored in areas used by people. One toilet door opened towards the wall and this made it difficult for people to access this room. We made a recommendation about the environment.

Care was not always person centred. There was a risk that people were socially isolated and lacking stimulation. The registered manager had organised some activities and outings but there was no activities coordinator in place and access to meaningful activities was limited. Some people spent a lot of time in their room and the service was not able to demonstrate that people were provided with social interaction. Some people told us that they were bored, and one person said that they got lonely sometimes. People had end of life care plans in place, but these had not been completed meaning that their preferences had not

been recorded.

The registered manager did not always have oversight on the quality of the service. Checks on the quality of the service were not always undertaken regularly. Care plans had only been audited once. Daily contact sheets were not audited. Staff had regular supervision and appraisals and told us that they felt supported. However, medicine competency checks were not recorded. There were no checks to ensure that people were undertaking manual handling safely. There were no checks to ensure that staff that worked when the registered manager was not usually there were following safe practice. Lessons were not always learnt when things went wrong. Some incidents were not recorded so could not be analysed for trends. Following some concerns raised by a whistle-blower the local authority had made recommendations about how the service could be improved. These recommendations had not always been actioned.

People were protected from abuse. However, some staff were not able to tell us how to identify and report abuse. Staff were not always able to demonstrate people's rights when they had capacity to leave the service. Staff were not always complimentary about the standard of the training offered. We made a recommendation about staff training. New staff completed an induction before they started work at the service. Robust recruitment processes ensured that staff were suitable to work with people before they started.

Staff understood the principles of the Mental Capacity Act. However, there was no recorded best interest decisions to demonstrate how decisions for people had been taken in their best interests.

People were protected from the risk of infection. However, the service was not following best practice guidelines to protect people from the risk of waterborne infections. We made a recommendation about this.

There was enough staff to keep people safe. However, there was a concern that there was not enough staff to support people to engage in regular meaningful activities.

When people moved to the service their needs were assessed to ensure that the service was able to provide them with the support they needed. When people's needs changed their care plan was updated.

People were offered a choice of drinks and food. People had access to snacks between meal times if they wanted them. People had access to healthcare professionals when they needed this support. Where people were at risk of losing weight or at risk of choking they had been referred to a relevant health professional and there was guidance in place for staff to follow to support the person. When people went to hospital there was information for them to take with them so that hospital staff were aware of their needs.

People were treated with kindness and compassion. Their dignity and privacy was respected. People had the opportunity to feedback about their care and express their views through reviews of their care plan, resident's meetings and regular surveys. There was a complaints policy in place and people knew how to complain if they chose to do so.

We found three 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.

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

We always ask the following five questions of services.

### Is the service safe?

**Requires Improvement** ●

The service was not always safe.

Risks to people were not always mitigated. The provider was not able to demonstrate that risks to the environment were always assessed.

Medicines was not always managed safely.

Lessons were not always learned when things went wrong.

There were enough staff available to keep people safe and safe recruitment practices were followed.

People were protected from the risk of abuse.

### Is the service effective?

**Requires Improvement** ●

The service was not always effective.

Staff had the skills and had undertaken training. However, staff were not always positive about the standard of training. Staff had supervision, but spot checks were not always completed or recorded.

Some areas of the service were tired and needed updating. Some maintenance was needed and there was a lack of storage.

Staff understood the principles of the Mental Capacity Act (2005). However, where decisions were made for people these were not recorded appropriately.

People's needs had been appropriately assessed and reviews of people's needs and support were carried out as necessary.

People were provided with the appropriate support to eat and drink safely and improve their diet.

People were supported to remain as healthy as possible and had access to healthcare professionals when they needed them.

### Is the service caring?

**Good** ●

The service was caring.

Staff were kind and caring and knew people well.

People were supported to express their views and were involved in decisions about their own care.

Staff provided people with good levels of support to maintain their dignity and privacy.

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

The service was not always responsive.

Staff knew how to support people. However, care plans were not always personalised.

End of life plans had not been completed so that people could express their wishes and preferences.

People did not always have access to meaningful activities.

There was a complaints policy in place and people and their relatives knew how to complain if they chose to do so.

**Requires Improvement** ●

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

The service was not always well-led.

Audits did not cover all areas of the service and had not identified shortfalls in the service.

Staff told us that they felt supported, but the registered manager did not have oversight of staff practice.

Records were not always complete or accurate.

Staff and the registered manager were aware of their roles and responsibilities and notifiable incidents were reported to CQC.

The service worked in partnership with other relevant organisations.

**Requires Improvement** ●

# Laureston House Residential Home

## **Detailed findings**

### Background to this inspection

We carried out this inspection under Section 60 of the Health and Social Care Act 2008 as part of our regulatory functions. This inspection was planned to check whether the provider is meeting the legal requirements and regulations associated with the Health and Social Care Act 2008, to look at the overall quality of the service, and to provide a rating for the service under the Care Act 2014.

This comprehensive inspection took place on 22 and 24 October 2018. The first day of the inspection was unannounced, we told the registered manager that we would be returning for the second day.

The inspection was brought forward due to a number of concerns shared with us by at least one whistle blower and the local authority in relation to people being unsafe and poor standards of care.

The inspection team consisted of one inspector and one expert by experience. An expert by experience is a person who has personal experience of using or caring for someone who uses this type of care service.

Due to technical problems, the provider was not able to complete a Provider Information Return. This is information we require providers to send us at least once annually to give some key information about the service, what the service does well and improvements they plan to make. We took this into account when we inspected the service and made the judgements in this report. We sought feedback from relevant health and social care professionals and staff from the local authority on their experience of the service.

During the inspection, we spoke with fifteen people who lived at the service and five relatives. We observed the care provided for people. We used the Short Observational Framework for Inspection (SOFI). SOFI is a way of observing care to help us understand the experience of people using the service. We spoke with the registered manager, the assistant manager and seven members of staff. We also spoke to one health and social care professional who was visiting the service.

We looked at six people's care plans and the recruitment records of the three staff who were employed by the service. We viewed a range of policies, medicines management, complaints and compliments, meetings minutes, health and safety assessments, accidents and incidents logs. We also looked at what actions the provider had taken to improve the quality of the service.

# Is the service safe?

## Our findings

People told us they felt safe living in the service. One person said, "They've been good to me. I find it nice and safe here." "I think there is enough staff, they always come when I need them", "I am always in pain and they know when to give me my pain relief. I am very grateful for the attention they give me all the time." And, "I am well looked after."

However, we found that risks to people were not always mitigated. Staff did not always follow the guidance in people's care plans. For example, one person had equipment in place to relieve pressure to prevent them from developing pressure sores. This information was not in the person's risk assessment but was in the person's medical notes. When we checked on the first day of the inspection we saw that the person was using this equipment. However, on the second day of the inspection the person was not using all of the equipment and one item was on a chair on the other side of the room. This meant that the person was at risk of developing a pressure area. We spoke to the assistant manager about this who put the equipment back in place and raised this with staff during the handover. One person had a support to protect their wrist and was not wearing this for most of the morning. One member of staff noticed this shortly before lunch time and asked another member of staff to fetch it from their room.

Care plans did not always contain the information they needed to keep people safe. For example, one person had a catheter and there was no information about this in the person's risk assessments. There was another section of the care plan where there was more detail about how to support the person, but this did not contain specific details about how to provide catheter care for the person. There was generic information about catheters no personalised information such as how to identify that there was an infection. When we spoke to staff they did know how to identify an infection. However, staff told us that they measured fluid output but did not record it. There were no records of the amount of fluid the person had drunk. This meant that staff would not have been able to identify if the person was at risk of retaining fluid.

Care plans contained information that was out of date and were not always clear. When people's needs changed an update was added to the care plan, but the previous information was not removed or changed. This increased the risk that staff would not be able to follow the care plan and risks would not be lessened. For example, one person's care plan was updated when bedrails were put in place, but it was not clear that this meant that the person no longer needed some of the safety equipment they were previously using. When we spoke to staff they agreed that the care plan could be improved. Staff told us, "The care plans could be a bit more thorough."

During the inspection the service was not able to demonstrate that checks on the environment and some equipment used had been completed to ensure people were safe. For example, the service was not able to provide us with a copy of the previous electrical hardwire test to demonstrate that the last check had been completed. We raised this with the registered manager who arranged for a check to be completed after the inspection as previous documents were not found. The service was not able to provide us with a copy of the latest test certificate to demonstrate that the lift at the service had been tested and was safe. We raised this with the registered manager who arranged for this to be tested after the inspection.



The gas safety had been tested and the certificate was available at the inspection. The fire detection and alarm system were inspected to ensure that it would work in the event of a fire. Radiators were covered to prevent people from touching them when they were hot. Hoists had been checked to ensure that they were working correctly. There was an evacuation plan in place for each person to ensure they could be safely evacuated in the event of an emergency such as a fire.

Medicines were not always managed safely. None of the creams or bottles of liquid we checked were dated with when they were opened. Some creams and liquids only remain effective for a specified time after they have been opened. Staff would not have been able to follow this as they did not know when the cream or liquid had been opened. We raised this with the registered manager who was aware that these needed to be dated but had not checked to ensure that it was happening. Some medicines needed to be stored at room temperature. Room temperature is between 15 and 25 degrees Celsius. Staff recorded the temperature. We looked at the temperature records for the store cupboard in the office where some medicines were kept. The recorded temperature for hot days in the summer had exceeded room temperature. For example, from the 10 August 2018 until the 14 August 2018 the recorded temperature was above 25 degrees Celsius. On one day was recorded as 26, on two days it was 27 and on two days it was recorded as 28. We checked the medicine policy and there was no guidance for staff about what to do if the temperatures were too high or too low. There were no records of what action was taken. We asked the registered manager what action was taken but they were not able to tell us.

During the inspection we observed that the medicine cabinet was left open and medicines were left on top of the cabinet when staff were administering medicines to people in the busy dining room. The staff administering medicines would not have observed someone removing medicines if they had chosen to do so. After the inspection the registered manager wrote to us to state that another member of staff observed the medicine cabinet to ensure that no one could take medicine. However, during the inspection we observed that there were two periods where there were no other staff were observing the medicine cabinet.

One person was using a medicine to ensure that liquid was safe for them to drink. There was no label in the thickener to explain what consistency the person's drinks were to be thickened. When we asked staff and the registered manager they gave us different answers. One said they used two scoops of the thickener, one said one scoop and two said one and a half scoops. We told the registered manager about this who contacted the speech and language team to get clear guidance. On the second day of the inspection we found the information was in the person's care plan. However, on the first day of the inspection neither the inspector, staff or the registered manager had been able to find this information.

The Medicine administration records (MARs) we viewed were complete and accurate apart from one gap for one medicine which was administered the day before the inspection. Where people had been prescribed medicines on an 'as required' basis, such as pain relief, there was information in place to provide staff with the guidance they needed to administer these safely. There was information on how people liked to take their medicine. For example, one person preferred to be given their medicine in a cup rather than in to their hand. There was guidance for staff on what to do if a person declined their medicine.

The provider had failed to do all that was reasonably possible to mitigate risks to people's health and safety. Medicines were not always managed safely. This is a breach of Regulation 12 of the Health & Social Care Act 2008 (Regulated Activities) Regulations 2014.

Policies and procedures were in place to protect people from harm and abuse. Staff had received training in safeguarding. However, two members of staff were not able to demonstrate that they knew how to identify the possible signs of abuse. One member of staff did not know how to report concerns outside of the

organisation but told us that they would find this out if they had any concerns. However, there was information on display in the hallway about who to contact if staff had any concerns. There had been no safeguarding concerns raised by the service since the last inspection. Staff were confident that the registered manager would deal with any concerns raised. The registered manager was aware of who to report concerns to if there were any. This is an area for improvement and we recommend that the provider and registered manager ensures that staff are aware of the providers policy and procedures for safeguarding.

There was one incident recorded since the last inspection. We saw that this incident had been investigated and action had been taken to address the concern. However, we saw that there were incidents such as falls which were not recorded in the incidents folder. For example, one person had a fall in June 2018 which was not recorded as an incident. Action was taken and there was equipment in place to lessen the risk of the incident happening again. However, this meant that the registered manager could not analyse incidents to identify trends and take action appropriately. This is an area for improvement.

During the inspection we observed that there were enough staff to keep people safe. The service had recently recruited a new member of staff to support people in the mornings to get up and ready for the day. Staff responded quickly to call bells and did not appear to be rushed. People told us that there was enough staff to meet their needs. One person said, "I think there is enough staff, they always come when I need them".

Robust recruitment processes remained in place to ensure staff were suitable to work with people before they started. Pre-employment checks were carried out; these included obtaining a full employment history, identification checks, references from previous employers and Disclosure and Barring Service (DBS) checks. Where there were gaps in people's employment we saw that these had been discussed and accounted for. A DBS check helps employers to identify people who are unsuitable to work with adults in vulnerable settings.

There was an infection control audit in place and risks of infection were minimised by health and safety control measures. There were adequate supplies of personal protective equipment such as gloves and we observed that staff were using these. The service appeared to be clean. There was a cleaner at the service and schedules for staff to check and clean areas. The food standards agency had rated the service as very good meaning that they had assessed the storage and preparation of food to be safe. However, there was no system in place to ensure that the water system was being flushed to prevent the build-up of legionella bacteria in the water system. However, the water system had recently been tested and was found to be free from legionella bacteria.

This is an area for improvement and we recommend that the provider and registered manager ensures that the water system is maintained in line with best practice guidelines.

## Is the service effective?

### Our findings

People told us "The staff know what they are doing", "I feel they are confident when they move me with hoist.", "They got the GP for me when I feel unwell" And, "I think they do pretty good job."

The decoration in of the home needed to be improved in some areas. For example, three people told us that the lounge was "bland and boring". The carpet was old and smelled of odour of body fluids in some areas of the home including the lounge. The provider was in the process of replacing some of the carpet where they were worn, and the registered manager told us that the lounge carpet was to be replaced. However, we saw that the audit of the environment had identified that the carpets needed replacing in April 2018 because they were "worn" and this work had only just commenced. The garden was large but was on a steep slope and inaccessible for most of the people at the service. There was a small patio area outside of the dining room where people could sit but this would not have been able to accommodate more than 6 or 7 people at once. We saw that the resident's families had raised the lack of outside space at previous meetings, but this had not been addressed.

There were two bathrooms at the service. One had a walk-in shower and the other had a walk-in bath. The room which housed the bath was very small and people using wheelchairs or who needed support with their mobility could not access this safely but could use the shower room. This meant that some people would not be able to have a bath if they preferred to do so. There was a lack of storage at the home. There was nowhere for staff to leave their bags and coats. On the first day of the inspection we saw that staff bags and coats were being stored in the bathroom. There were also other bags of items stored there. On the second day the bags had been removed but the coats remained in the bathroom. One of the toilet doors opened towards the wall rather than in to the hall space and we saw that people found it difficult to access this toilet when they were using walking aids. The registered manager agreed that the environment and storage needed to be improved.

We recommend that the provider undertakes improvements to the service to ensure that they are properly maintained and suitable to the purpose for which they are used.

Staff had received training in areas such as fire safety, mental capacity, safeguarding and first aid. Staff had also completed training in some specific areas such as dementia care and end of life care. Before the inspection we had received concerns that staff were not using safe practices when undertaking manual handling. Since these concerns were raised staff had undertaken further training and we did not see any evidence that staff were not following safe practices. Staff views about the training was mixed. Staff said, "The training is good. We do a lot from DVD's and had outs but some such as stoma care was done face to face with other people from other homes so that it interesting.", "I think the training could be better.", "I like the inhouse training when they come in. The DVD and questionnaire training could be better. When we did the first aid training that was good." And, "The training is okay. I would prefer group training." Staff were not always confident in their knowledge and understanding. For example, when we spoke to staff two members of staff were not able to demonstrate that they knew how to identify the possible signs of abuse. One member of staff did not know how to report concerns outside of the organisation. There were no

competency checks to ensure that people were undertaking manual handling safely. Manual handling practice had been raised as a concern before the inspection and staff had done further training. However, there had been no checks to ensure that staff were putting this in to practice.

We recommend that the provider reviews the programme of training to ensure that this supports staff to develop the knowledge and confidence they need in their role.

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 with appropriate legal authority. In care homes, and some hospitals, this is usually through MCA application procedures 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 had the appropriate legal authority and were being met. Twelve people at the service had a DoLS application in place. Staff understood how to support people who were subject to a deprivation of liberty safeguarding. However, when decisions were taken in people's best interests these were not clearly recorded. This was an area for improvement.

Three new people had moved to the service this year. Prior to people moving in there had been an assessment of the person's needs to ensure that the service was able to offer the right care and support. The assessment addressed all areas of the person's needs including mobility and falls, personal care needs, hydration and nutrition, cultural, social, and religion. The service used nationally recognised tools to assess people such as the Waterlow assessment tool which helps to identify people who are at risk of issues with skin integrity. Care plans were reviewed and updated annually or as and when people's needs changed. For example, one person's care plan was updated when they needed to take their medicine in liquid form. The plan was updated again when their condition had improved, and they returned to taking tablets. People met with staff to discuss their care. Where people were not able to be involved in these reviews records showed that care had been discussed with relatives where appropriate.

New staff that started work at the service completed an induction before working alone, this included reading policies and care plans, shadowing a more experienced member of staff. Staff received regular training including manual handling, safeguarding, first aid and supporting people with dementia. Staff had regular one to one supervision with the registered manager and an annual appraisal. Staff told us that they felt supported by the registered manager. One staff said, "The manager is friendly, and I get along with both [the registered manager and the assistant manager]. The registered manager does the supervision. I get it quite regular. I feel supported, if I had any problems I know that I have support."

On the day of the inspection we saw that people were offered a choice of what they ate. We observed that people were regularly offered drinks and had a choice in what they drank. Some people wanted a glass of wine with their lunch and we saw that this was provided. Fruit was available for people and we observed people having snacks when they wanted them. One person did not like the meal they were offered, and we observed staff asking them what they preferred to eat instead. When the person did not like the second meal they had chosen staff offered them another alternative and helped them to identify something they wanted to eat. The menu was changed each week on a 4-weekly rota. People were asked what they wanted on the menu at home meetings. The menu for the week was displayed on a notice board, the menu for the day was displayed as pictures. When staff supported one person to eat they spoke to the person as they were doing

so, staff listened to the person and helped them to eat at their own pace. People told us, "Sometimes I just don't feel like eating but do encourage you to try", "I do not always like to go and join the others in the dining room, I like my food to be brought down to my room and they respect that." And "If I don't like the food they give me, I chose something else."

People's weights were recorded when they were at risk of losing more weight than was healthy. Where people needed support to maintain their weight we saw that they had been referred to a dietician and that some people were prescribed fortified drinks to help maintain their calorie intake. Where people were at risk of choking they had been referred to the speech and language team (SaLT) for an assessment. This assessment provided staff with the guidance they needed to reduce the risk of choking. We saw that this guidance was followed. For example, people were supported to eat when they needed to be.

When people went in to hospital there was an information pack for them to take with them. This included important information that healthcare staff should know, such as mobility and continence needs and what medicines they were taking. People had access to health care professionals when they needed to see them. The GP came to see people at the service. When people needed to attend appointments elsewhere the service arranged for relatives or the hospital transport service to take them. We saw in people's records that they had seen health professionals such as doctors, speech and language therapists and district nurses when they needed this support. For example, one person had had a pressure sore and had been seen by the district nurse.

## Is the service caring?

### Our findings

People told us that they felt the staff were caring and treated them with kindness and compassion. One person told us, "I would say I got on well with all the staff."

We saw examples of people being treated with kindness, compassion and respect by staff. People told us, "I find all the staff are nice". For example, we saw that the registered manager sat with people, listened and joined in the conversation. People and the registered manager talked freely and were laughing together. One person liked to read, and the registered manager talked to them about books they might like. Staff spoke to people kindly as they supported them to move around the service where this support was needed.

One person was being supported to eat and staff communicated with the person well. They ensured that the person set the pace and that the food was not too hot for the person. They talked to the person kindly and positioned themselves so that they were at the person's level. One person said, "They always explain to me what they are about to do and how they are going to go about it." Another person wanted to sit outside, it was a slightly chilly day, so staff helped the person put on their coat and wrapped a blanket around them. Staff checked on the person frequently to ensure that they were not getting cold and offered them regular hot drinks.

Staff knew people well. We used an observational tool to assess staff interactions with four people. This showed us that staff interaction was often positive. We looked at compliment cards and letters that had been sent to the service. Comments included, "Many thanks for your help and support over the last few months. It is much appreciated.", "You have a great team of dedicated caring staff who go that extra mile." And, "Thank you for all the care and kindness you have shown my relative." We observed that people's relatives felt free to visit people when they wanted to do so.

People were asked their views about the care and support they received. People were involved in the reviews about their care and there were residents and relative's meetings for people to attend to voice their views. One person had a machine in their room to assist with their breathing but used a portable machine when accessing other areas of the home. On the second day of the inspection the portable machine stopped working. As the person had the capacity to make a decision the registered manager asked the person if they wanted to remain in the dining room to eat or if they would prefer to eat in their room. The person chose to remain in the dining room and the registered manager asked staff to keep an eye on them in case they felt unwell.

The staff were working according to the Accessible Information Standards (AIS). AIS is a framework put in place in 2016 making it a legal requirement for providers to ensure people with a disability can access and understand information. For example, information was provided in a large print format and staff used these documents to explain things to people.

We saw examples of people being treated with dignity and respect. People's records were kept securely in a locked cabinet. One person was at risk of losing their dignity, staff spotted this and helped the person to

adjust their clothing to prevent this from happening. People said, "The girls always treat me with dignity, I never worry about that.", "oh yes, they treat me with dignity and respect". And, "I always want my door shut and it is respected".

Staff knew people well enough to be able to support them to do things for themselves. For example, staff knew what tasks people could do for themselves and what tasks they needed support with.

## Is the service responsive?

### Our findings

There was a risk that people were socially isolated and lacking stimulation. On the first day of the inspection some people were having their hair done. However, we did not observe people engaging in other meaningful activities. The activities calendar showed that there were sing-alongs, card games and board games in the mornings and individual activities in the afternoon. We did not observe these happening. There was evidence that some activities had taken place such as flower arranging and pompom making but these were limited. We had concerns that there was not enough staff to support people to undertake activities or go out if they wanted to do so. There was no activities coordinator at the home at the time of the inspection. The registered manager had sought to address the issue, and this had led to some improvements. The registered manager told us, "I have been working to ensure that people get out more and we go on more outings." However, the registered manager's time to arrange activities and outings was limited as they had other responsibilities. Some people spent most of their time in their room. The registered manager had introduced contact sheets to record the social engagement that people had whilst they were in their room as this had been raised as a concern. However, we looked at one person's contact sheet and saw that staff had only recorded tasks on most days. For example, when medicine was given or when they gave the person a cup of tea. We looked at six consecutive days and saw that for the first four days there was no record of the person having any social engagement. On day five and six there was a record of one five-minute chat each day.

When we asked people, they gave us mixed feedback about activities and social contact at the home. Three people told us that they were "bored". One person said, "Sometimes I feel a bit lonely, and sometimes my relatives comes and take me out for tea." Another person said, "The staff cheer me up sometimes if I have no one visiting, they pop in now and then for a chat." And "I don't go out very often but when I need to will get all the support I need." The feedback from the survey of relatives in August 2018 also found that relatives felt that people needed to get out more and "get some more fresh air". We raised this with the registered manager who agreed that this was an area for improvement.

Staff knew people well and understood their needs and choices. However, these were not always documented and there was a lack of detail in people's care plans to provide staff with guidance. For example, there a section in the plan to add information on people's life history but this was not always filled in. When we spoke to staff they were able to tell us about people's past. People said, "Staff come and help me if I need them." And "I am an early bird, I go to bed late and get up early and someone is ready to help with personal care."

There were end of life plans in people's care files. However, these had not been completed. The service was not currently supporting anyone at the end of life but had not undertaken the planning they needed to do in advance for when they were. We saw that end of life plans stated, "The service will work with the family regarding end of life". This meant that people did not always have the opportunity to discuss and express their own preferences. When people had passed away the registered manager told us that they attended the funeral and people were supported to attend if they wished to do so. When one person had passed away the family had requested that the registered manager took the flowers for people to make arrangements in the



home and we saw evidence that this wish had been respected.

The above demonstrates that the provider had failed to do all that was reasonably practicable to make sure that people who use the service receive person-centred care that meets their needs and reflects their personal preferences. This is a breach of Regulation 9 of the Health & Social Care Act 2008 (Regulated Activities) Regulations 2014.

There was a complaints policy in place and people told us that they knew how to complain if they chose to do so. There had been no complaints recorded by the service since the last inspection. There was a suggestion box in the hallway, but the assistant manager told us that no one at the service had used this. However, the registered told us she had received comments and suggestions verbally and always actioned these. People told us that they felt that they were listened to and they were confident to raise any concerns about the service if they needed to. One person said, "I've got no complaints: if I need anything they are there to help me." Another person said, "I don't complain unless I need to." However, one person did raise a complaint with us and said, "I don't report it because I don't want to get anyone into trouble."

## Is the service well-led?

### Our findings

People told us, "The manager is lovely", "The manager seems to know what she is doing and good at it, she is trying", "It's not worth the money I pay but it's ok" And, "I choose this place because it's a family run, all the girls are nice, the manager is lovely."

There was a registered manager at 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 2008 and associated Regulations about how the service is run.

Checks were not always being undertaken on the quality of the service and the registered manager did not always have oversight. The audits were undertaken by the assistant manager. The registered manager told us that they oversaw these. However, some things such as the daily contact sheets were not checked to see if these were being completed and that people were not socially isolated. Care plans were audited once in June 2018 but were not audited after then. Medicines were audited however this did not identify and address the concerns found on inspection. Some incidents were not recorded in the incident log which meant that the registered manager was not able to review trends and have an oversight of incidents that occurred at the service.

Staff had regular supervision and appraisals and told us that they felt supported. One staff said, "I am supported in my regular supervision. The registered manager is firm when needed and also sympathetic when needed." However, checks on staff performance had not been completed. We had received concerns from at least one whistle blower before the inspection. We shared our concerns with the local authority who visited the service and made some recommendations. For example, it was recommended that spot checks were undertaken to check staff performance during the evening, at night and in the early morning. It was also recommended that fluid charts be introduced where these were needed. These recommendations had not been followed. The registered manager told us that they undertook competency assessments to ensure that staff were administering medicine appropriately. The staff we spoke to confirmed that these had taken place. However, there were no records of competency assessments to confirm that these had taken place and that staff had passed. We raised our concerns with the registered managers who wrote to us after the inspection to confirm that competency checks for medicine were now in place. There were no competency checks to ensure that people were undertaking manual handling safely.

Records of people's care was not always accurate or complete. For example, the registered manager was unable to demonstrate how decisions had been made in people's best interests where people did not have the capacity to consent to their care. We asked to see evidence of any best interest decisions that had been recorded but the registered manager was not able to provide this. For example, one person who did not have the capacity to make decisions had bedrails in place. The bedrails were used to promote people's safety, but they can also be a restriction on people's freedom. There were no records of how the decision was made or who was involved in making the decision or why it was agreed that the use of bedrails was in the person's best interests.

One person's care plan stated that they were "deaf". Their communication plan stated that they were "hard of hearing" and that staff are to use hand signs and write things down. However, we observed staff talking to the person and that the person was able to respond to verbal questions. Information relating to people's preferences and the support they needed were not always documented. For example, one person's care plan said they needed support with oral care, but it did not detail what support was needed.

The registered manager was supported by a part time assistant manager. However, both undertook tasks that were not related to management such as arranging activities, cooking at the weekends and providing care when staff were taking a break. This had an impact on the time they had to undertake management tasks to ensure the safe and effective running of the service.

The above demonstrated that the provider failed to consistently assess, monitor and improve the quality and safety of the services provided. The provider had failed to establish and operate effective systems and processes to ensure compliance with the requirements. The provider had failed to maintain an accurate and complete and contemporaneous record of people's care including decisions taken in relation to the care provided. This is a breach of Regulation 17 of the Health & Social Care Act 2008 (Regulated Activities) Regulations 2014.

There were regular surveys for people to complete and surveys for family and friends. There were also meetings for people and their relatives to attend to discuss the running of the home. Where feedback was negative the registered manager discussed concerns with people and their relatives.

The registered manager had a clear vision for the service which was based on providing support for people's needs. Staff were aware and understood the vision and values of the service. Staff told us that they were happy at the service. However, two staff told us that the job could be stressful. Staff told us, "I think there is a happy culture here, it is a stressful job and we have a bit of a laugh with colleagues." The registered manager continued to work closely with social workers, health professionals and other professionals such as occupational therapists and GP's.

The registered manager was aware of when notifications had to be sent to CQC. These notifications would tell us about any important events that had happened in the service. Notifications had been sent in to tell us about incidents that happened at the service. We used this information to monitor the service and to check how events had been handled. This demonstrated the registered manager understood their legal obligations.

It is a legal requirement that a provider's latest CQC inspection report rating is displayed at the service where a rating has been given. This is so that people, visitors and those seeking information about the service can be informed of our judgments. We found the provider had clearly displayed their rating at the service and on their website.

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	<p>Regulation 9 HSCA RA Regulations 2014 Person-centred care</p> <p>The provider had failed to do all that was reasonably practicable to make sure that people who use the service receive person-centred care that meets their needs and reflects their personal preferences.</p>
Regulated activity	Regulation
Accommodation for persons who require nursing or personal care	<p>Regulation 12 HSCA RA Regulations 2014 Safe care and treatment</p> <p>The provider had failed to do all that was reasonably possible to mitigate risks to people's health and safety. Medicines were not always managed safely.</p>
Regulated activity	Regulation
Accommodation for persons who require nursing or personal care	<p>Regulation 17 HSCA RA Regulations 2014 Good governance</p> <p>The provider failed to consistently assess, monitor and improve the quality and safety of the services provided. The provider had failed to establish and operate effective systems and processes to ensure compliance with the requirements. The provider had failed to maintain an accurate and complete and contemporaneous record of people's care including decisions taken in relation to the care provided.</p>

