The Manor House (Halifax) Limited

The Manor House Residential Home

Inspection report

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Date of inspection visit: 14 May 2015
Date of publication: 15/07/2015

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?	Inadequate

Overall summary

This inspection took place on 14 May 2015 and was unannounced. At the last inspection on 18 June 2014 we found six breaches in regulations which related to respecting and involving people, consent, medicines, staffing, complaints and quality assurance. The provider sent us an action plan which told us improvements had been made. At this inspection we found some improvements had been made.

The Manor House Residential Home provides accommodation and personal care for up to 30 older people, some of whom may be living with dementia. There were 19 people living in the home when we visited.

Accommodation is provided over two floors with lift access between the floors. There are lounges on both floors and a dining room and kitchen on the ground floor as well as toilets and bathroom facilities. A laundry is located on the lower ground floor.

Summary of findings

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

People and relatives we spoke with were unanimous in their praise of the service. They praised the staff who they described as kind and compassionate and expressed satisfaction with the care they received. They told us they felt safe in the home and enjoyed participating in the activities that took place.

People told us the food was good and knew how to raise a complaint if they had any concerns. We saw people had access to health care services when they needed them and a healthcare professional we met confirmed staff acted upon the advice they were given. We saw people received their medicines when they needed them.

The home is family run and we saw the providers and registered manager were well known to people and had a visible presence in the home.

However, we found the home lacked formal recording systems and processes to underpin and consolidate the quality of care and service provided. This included a lack of established quality assurance processes to ensure continuous improvement. This had been raised at the previous inspection in August 2014 and had not improved. We found although people's views were obtained, there was no evidence to show how this influenced the running of the service.

People's care needs were not fully assessed and recorded, which meant people were at risk of receiving inconsistent care as staff relied on verbal communication and care records were not used effectively to plan and deliver care. We found some care practices were task orientated and not tailored to meet people's individual preferences.

Staffing levels were determined by occupancy levels and people's dependencies and the layout of the building were not taken into consideration. We considered staffing to be at a minimal level and found some staff were working excessive hours amounting to 60 hours a week.

We found staff were not receiving the induction and training they needed to give them the knowledge and skills to fulfil their roles.

We identified three breaches in regulations which related to regulation 18 (staffing), regulation 9 (person-centred care) and regulation 17 (quality assurance). 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 always safe. Although people told us they felt safe, we found staffing levels were at a minimum level and did not take into account people's dependencies and the layout of the building.

Recruitment processes ensured staff were suitable and safe before they started working with people.

Medicines were managed safely which meant people received their medicines when they needed them.

Requires Improvement

Is the service effective?

The service was not always effective. People told us staff knew their needs well, however, we found there was a lack of evidence to show staff had received the training and support they required.

Although the registered manager had a good understanding and knowledge of the Mental Capacity Act 2005 and Deprivation of Liberty Safeguards, the rest of the staff team lacked knowledge of this legislation.

People said they enjoyed the food and were supported to access health care services when they needed them.

Requires Improvement

Is the service caring?

The service was caring. People and relatives we spoke with praised the staff for their kindness and compassion.

People told us they were treated with respect and their dignity was maintained which was confirmed by our observations.

Good

Is the service responsive?

The service was not always responsive.

Although staff knew people's needs well and people told us they were satisfied with the care they received, we found care plans did not reflect people's needs or their preferences and some practices were task driven.

People knew how to make a complaint and there were systems in place to manage formal complaints, although minor concerns were not recorded.

People were supported to pursue their interests and activities were provided.

Requires Improvement

Is the service well-led?

The service was not well led.

Although people praised the management of the home, we found people were not protected because the provider did not have effective systems in place to monitor and assess the quality of the services provided.

Inadequate

The Manor 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 inspection took place on 14 May 2015 and was unannounced. The inspection team consisted of two inspectors and an expert by experience with expertise in dementia care. An expert-by-experience is a person who has personal experience of using or caring for someone who uses this type of care service.

Before the inspection we reviewed the information we held about the home. This included looking at information we had received about the service and statutory notifications we had received from the home. We also contacted the local authority contracts and safeguarding teams.

We usually send the provider a Provider Information Return (PIR) before the inspection. This is a form that asks the provider to give some key information about the service, what the service does well and improvements they plan to make. We did not send a PIR to the provider before this inspection.

We used a number of different methods to help us understand the experiences of people who lived in the home. We spoke with 10 people who were living in the home, three relatives, three care staff, the cook, the team leader, the registered manager and the provider. We also spoke with a community matron who was visiting the home during our inspection.

We looked at four people's care records in detail, three staff files, medicine records and the training matrix as well as records relating to the management of the service. We looked round the building and saw people's bedrooms, bathrooms and communal areas.

Requires Improvement

Is the service safe?

Our findings

At the previous inspection in August 2014 we found a regulatory breach in relation to staffing as our observations showed times when staff were not available in the communal areas and feedback from people and their relatives raised concerns about staffing levels particularly at night.

At this inspection we found there were fewer people living in the home than there had been when we inspected in August 2014. The duty rotas showed the staffing levels had remained the same with a total of three care staff working from 8am until 5pm, and two care staff from 5pm until 8am. Although the number of people accommodated was lower we considered two staff on duty was minimal when taking into account people's dependencies and the layout of the building.

On the day of our inspection there were four care staff on duty including the team leader until 5pm. However, the team leader told us one staff member had only just started employment at the home and as part of their induction was shadowing another staff member. Although additional staff were employed to undertake cleaning and catering duties, the care staff were responsible for maintaining the laundry service and providing people with a range of social and leisure activities.

When we arrived at the home at 8am we found nine people were dressed and sat in the lounge. We asked the team leader how many of the nine people needed assistance to get washed and dressed. We were told all of them required some assistance with their personal care needs and two people required two members of staff to assist them. This meant if only two staff were on duty and both were assisting one person there would be no staff available to support the other people living in the home during that time.

People and relatives we spoke with did not express any concerns about the staffing levels. One person said, "I think there's enough staff on, there's usually three at lunch time. Sometimes they might have to use agency staff at night times." Another person said, "They come quick when I need them."

Our observations showed staff were present in communal areas and were responsive to people's needs. For example, during lunch we saw one person struggling to stand up from the dining table. A staff member immediately went over and persuaded the person to sit down until they brought their walking frame, which they did straight away.

However, we were concerned that the staffing establishment for the home was low. The administrator provided us with a training matrix which listed a total of 22 staff, four of who were nursing staff. The administrator explained that the list included all the staff who worked at The Manor House Residential Home as well as the staff employed in the adjoining nursing home, which is owned and run by the same provider. The duty rotas showed a total of twelve staff worked in The Manor House Residential Home covering the day and night shifts, which was confirmed in our discussions with the registered manager and provider. We saw from the rotas that three staff had worked 60 hours a week between both homes, which we considered unsafe for people who use the services and staff.

The registered manager and provider told us they felt the home was fully staffed. They told us although the rota showed there were only two care staff on duty between 5pm and 8pm, there was always one of the providers onsite during this period. However, the registered manager's hours were not reflected on the rota and they told us they did not record the hours they or the provider worked and never had done. It was unclear when speaking with the registered manager and provider if they provided any hands on care but it was evident their main role was more administrative. Staff we spoke with confirmed the registered manager and provider were 'always here' but said they did not usually carry out any hands on care.

The team leader told us the service employed agency staff mainly on night duty to cover annual leave and sickness. They told us the provider employed the same agency staff from one agency to ensure people received continuity of care. In addition, we were informed that one of the domestic staff would cover some care shifts if required.

Our discussions with the registered manager confirmed they did not use a dependency tool to establish what staffing levels were required but based staffing levels on the number of people who used the service. Overall we found there were not always sufficient numbers of staff deployed to meet people's needs safely at all times. This was a breach of Regulation 18 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

Requires Improvement

Is the service safe?

Staff we spoke with and records we saw showed safe recruitment practices were followed. We found recruitment checks, such as criminal record checks from the Disclosure and Barring Service (DBS) and references, were obtained before staff began work.

At the previous inspection in August 2014, we found that medicines were not always handled, recorded or stored safely. At this inspection we found improvements had been made.

We looked at the medicines with the team leader. Medicines, including controlled drugs, were stored securely in a locked clinical room. We found appropriate arrangements were in place for the ordering and disposal of all medicines. A medicine fridge was used for medicines requiring cold storage and fridge and room temperatures were monitored and recorded daily. Records we saw showed temperatures were within the recommended safety range.

We found some anticipatory medicines were being stored for one person. These medicines are prescribed for use on an 'as required' basis to manage symptoms that can occur at the end of life. The team leader told us these medicines had been brought in by the district nurses and were not recorded in the home's records as the district nurses had said they would record them in their notes. Anticipatory medicines stored in the home must be recorded in the same way as any other medicines prescribed for people using the service. The registered manager told us this would be addressed.

People told us they received their medicines when they needed them. One person said, "They look after my medication for me, during the day I'll have them at mealtimes and 9 o'clock at night. I've had no issues." Another person said, "I need lots of tablets, they make sure that I take them." We found medicines were managed safely. We observed medicines being administered to people and saw the staff member supported each person to take their medicine, offering a drink when required.

We looked at the Medication Administration Records (MAR) and saw medicines were signed for, indicating people were receiving their medicines. We looked at the records and checked the stock levels for two people, one of whom was prescribed a controlled drug, and found these were correct. However, we saw one prescribed cream had not been signed for on the MAR, the team leader told us this would be addressed straight away.

The registered manager told us the pharmacy carried out regular medicines audits. The team leader told us all staff who administered medicines had received training from the pharmacist and the training matrix we saw confirmed staff had received training in the last twelve months.

The home had a medicines policy dated 6 November 2012 which did not refer to the National Institute for Health and Care Excellence (NICE) Guidelines for Managing Medicines in Care Homes dated 14 March 2014 and a pharmaceutical reference book, The British National Formulary, dated September 2013. **We recommend the provider considers published national guidance to support medicines optimisation at the home.**

People we spoke with told us they felt safe at the home. One person said, "I feel very safe here, They just need to keep an eye on me and check that everything's alright. When I'm in my room I keep the door open. Sometimes it shuts, I just buzz them and they come and open the door. I don't have to wait long." Another person said, "Yes, I feel safe, they're great here. If I need any help I just press the buzzer and they'll come, I don't have to wait long." A further person said, "I like here, I feel safe and well looked after." We asked relatives if they felt their family members were safe in the home. One relative said, "Do I think she's safe? Absolutely." Another relative said, "We know that she's safe here."

The provider had a policy in place for safeguarding people from abuse, which was displayed in the office. The policy provided guidance for staff on how to detect different types of abuse and how to report abuse. There was also a whistle blowing policy for staff to report matters of concern. The policies were not dated.

Staff we spoke with were able to describe the different types of abuse and knew the indicators, such as bruising or a change in a person's behaviour or mood, which may indicate abuse had occurred. They told us they would not hesitate to report any concerns to the registered manager or provider and felt confident it would be dealt with

Requires Improvement

Is the service safe?

appropriately. We saw safeguarding incidents that had occurred since the last inspection had been investigated, recorded and reported to the Local Authority and the Care Quality Commission (CQC).

The administrator told us the service did not hold any money or valuables in safekeeping for people who used the service. They told us their families were invoiced on a monthly for such things as hairdressing, private chiropody and newspapers.

We were told by the registered manager that the Local Authority required them to send a monthly analysis of accidents and incidents occurring at the home. We saw this information was recorded electronically and there was evidence to show the registered manager looked for trends and themes and took appropriate action to address matters.

We looked round the building and found the premises were clean, apart from one bedroom where there was an odour of urine. We raised this with the provider who was aware of the problem and said the room was shampooed daily but had not been shampooed at the time we visited the room. We saw in both lounges there were floor to ceiling windows, which the registered manager told us were fitted with safety glass. We saw maintenance certificates were in place and up to date for all equipment and the premises. We saw there was a 'signing in' book in the main reception which the registered manager told us was used for The Manor House Residential Home as well as the adjoining nursing home. When we signed in we saw the last entry was dated 29 April 2014. We discussed this with the registered manager who said, "Most people don't bother (signing in), we know who's in and out." This meant there was no record to show who was in the home at any one time which meant if there was an emergency where people had to be evacuated, such as a fire, staff would not know if everyone had been accounted for. The registered manager told us this would be addressed.

Requires Improvement

Is the service effective?

Our findings

At the previous inspection in August 2014, we found the provider did not have suitable arrangements in place to obtain people's consent to care and treatment. At this inspection we found improvements had been made.

We asked the staff what they did to make sure people were in agreement with any care and treatment they provided on a day to day basis. They told us they always asked people's consent before they provided any care or treatment and continued to talk to people while they assisted them so they understood what was happening. The staff told us they respected people's right to refuse care and treatment and never insisted they accepted assistance against their wishes. The people we spoke with confirmed this and we saw some consent forms in the care files we reviewed.

We saw one person had a 'Do not attempt cardio-pulmonary resuscitation (DNACPR) form in their care records. The form had not been completed correctly which put the person at risk of not receiving the correct care in the event of a life threatening emergency. We raised this with the registered manager who said they would address the matter immediately with the health care professional who had signed the form. Following the inspection the registered manager confirmed the Quest matron had reviewed the DNACPR form and stated it was correctly completed.

The Care Quality Commission (CQC) monitors the operation of the Deprivation of Liberty Safeguards (DoLS) which applies to care homes. The registered manager confirmed at the inspection no one who used the service had a DoLS in place. However, they told us they were aware of the process and had applied for a DoLS for one person but they had left the home before it was authorised.

The registered manager told us the team leader and senior care assistant had attended a DoLS briefing some time ago but no other staff had received training on the Mental Capacity Act (MCA) and DoLS. The registered manager said they did have a training video on the subject but had not made the training mandatory. We found when talking with staff they lacked knowledge and understanding of this legislation. This was a breach of Regulation 18 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

We asked the registered manager to show us the induction training records for the two new staff whose recruitment files we had reviewed. The registered manager told us one of these staff had left recently and there were no training records as the staff member had been deleted 'off the system'. We looked at this staff member's personnel file and there were no records to show evidence of any induction or training although they had been employed in the home for four months. The other staff member was on the third day of their employment. The registered manager told us they would be starting on the Care Certificate standards but these had not yet been given to the staff member. The registered manager told us they had 'gone through things' with the staff member, told them what they needed to know and showed them round the building. When we asked to see a record of this the registered manager said there was no record as they did not know they had to have one. We spoke with this staff member who told us they had been shown the fire procedures by the registered manager, had watched a DVD on fire safety and had been shown round the building. They said they were working alongside a more experienced staff member and had been told they would be 'shadowing' staff for the rest of the week and the following week. The staff member confirmed they had received moving and handling training that day but had received no other training since they started. This meant staff were not being given training relevant to their role and this could leave people using the service at risk of receiving unsafe care and support.

The registered manager provided us with a training matrix which listed dates staff had received training in moving and handling, first aid, food hygiene, infection control, managing challenging behaviour, safeguarding, dementia awareness, health and safety, medication, fire safety, tissue viability, deprivation of liberty safeguards, oral health and bowel and bladder study. Although the matrix showed staff had completed training in the majority of these subjects in the last twelve months, the registered manager was unable to provide us with documentary evidence of this training. The registered manager told us most of the training was provided to staff by watching a training video. They said the same training video was used to provide refresher training. The registered manager told us that workbooks were provided with the videos but said these would only be given to staff who were 'new to care' and were not used by existing staff. When we asked the registered manager how staff competency and learning was checked after they had

Requires Improvement

Is the service effective?

viewed the videos they told us there was no system in place to do this. This was confirmed by staff we spoke with and one staff member said they found watching the same training video each time, "Boring." Staff confirmed they had received specialist training from the tissue viability nurse recently which they said had been, "Useful." They also stated they received moving and handling practical training from one of the nurses who worked in the Company's adjoining home and was a moving and handling trainer.

The registered manager told us all staff received supervision three times a year and an annual appraisal and this was confirmed by staff we spoke with during the inspection. However, when we asked to see these records for one staff member the registered manager was only able to find one supervision record dated November 2014 and an appraisal record dated January 2015. All other records relating to supervision and appraisal for this staff member were dated 2008 to 2013.

Our discussions with staff showed they knew people's needs well and feedback from people who used the service and their relatives showed people's needs were being met. However, the lack of induction, training, supervision and appraisal records meant we could not be assured that staff had the relevant knowledge, competency and skills to carry out their roles and responsibilities effectively. This was a breach of Regulation 18 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

There was clear evidence within the care documentation we looked at to show people had access to healthcare professionals such as GPs, district nurses, dentists, chiropodists and the community matron. People we spoke with told us staff were prompt in bring in healthcare professionals when they needed them. One person said, "I'm diabetic. Someone checks my blood sugars every six weeks. The chiropodist comes out every six weeks as well, being diabetic I have to look after my feet. They call the doctor out straight away if he's needed, but that's only happened once."

We spoke with the community matron who was visiting the home on the day of the inspection. They told us they had no concerns about the care and treatment provided and said staff always followed their advice and guidance.

People told us they enjoyed the food. One person said, "The food's lovely, very nice - I can't grumble. They come round and ask you if you want any more. Breakfast is at eight, if I don't fancy it, they'll want to know why. There's plenty of snacks and drinks. If I don't like something, they'll get me something else." Another person said, "The food is very good, there's usually two or three choices." A further person told us, "The food is very good. Everything is homemade. I had porridge for breakfast and at tea time there's sandwiches and fruit and cream." Another person said, "We've got a good chef, he does lovely meals. If you've got any requests, so long as it's not overpriced, he'll try and accommodate. We had Chinese - sweet and sour with rice, once. You can get baked potatoes with cheese or beans." A relative told us, "The food is good and she gets a choice - she didn't have that when she was living at home with us."

We spoke with the cook and he had a good understanding of people's dietary needs and preferences. The cook confirmed the service used a mixture of fresh and frozen products and provided people with a varied and balanced diet.

We saw a cooked breakfast was not available during the week and only a bacon or egg sandwich was offered at the weekend. The cook told us it would be difficult to provide a cooked meal during the week as the meat was delivered pre-packed in large packs. This matter was also discussed with the registered manager and provider who told us the service had stopped providing a cooked breakfast a number of years ago because people were not eating their lunchtime meal. They said they had taken advice from a healthcare professional and were told the lunchtime meal was more important. They had therefore stopped the cooked breakfast. People were now only offered cereal, porridge, toast and jam or marmalade sandwiches at breakfast. We asked the registered manager and provider what would happen if someone requested a cooked breakfast and they said it would prove difficult. They suggested if it was supplied the person may have to eat it in their room so that not everyone would request a cooked breakfast. This meant people were unable to make choices about what they would like to eat or where and when they would like to eat it.

The team leader told us no one was nutritionally at risk and only two people required assistance at mealtimes and this was because they had difficult cutting up their food. We saw cold drinks were freely available throughout the day in the lounge areas.

We observed the lunch time service in the dining room. We observed there was a pleasant atmosphere and staff

Requires Improvement

Is the service effective?

provided people with assistance in a calm, unhurried manner. We saw the meal was gammon and mashed potatoes and staff offered people a choice of vegetables which were brought to the tables. People could help themselves to condiments and the gravy boat and staff offered to help those who could not serve themselves. We saw at some tables there was conversation and interactions between people, but diners at most tables were silent. We saw hot drinks were offered during the meal but no cold drinks. We saw people were offered a choice of desserts, however we noticed the fruit crumble was automatically served with custard without asking anyone if this was their choice.

We looked round the building and found there was a lack of signage to help people find their way around the home. For example, all of the bedrooms were numbered but there were no signs or pictures on the doors to help people find their own rooms. Similarly, toilets and bathrooms were not identified and there were no locks on two of the toilet doors and on two others the locks were broken. This meant people's privacy and dignity was compromised. The registered manager told us a refurbishment programme was underway and these issues would be addressed. We saw there were different areas in the home were people could go to spend time with one another or alone. However, we considered improvements were needed to help people living with dementia find their way around the home. For example, by the use of appropriate signage, floor, lighting and colour schemes. **We recommend that the service explores the National Institute for Health and Care Excellence (NICE) quality standards for people living with dementia under Quality Standard 30 (QS30: Supporting people to live well with dementia) and Quality Statement 7 (design and adaptation of housing) on how premises can be designed or adapted in a way that helps people with dementia manage their surroundings, retain their independence, and reduce feelings of confusion and anxiety.**

Good

Is the service caring?

Our findings

People and relatives we spoke with were unanimous in their praise of the staff and the care they received. One person said, "I'm looked after very well - the staff, they're all very good. They'll knock on the door and say, 'Are you alright?' They're very nice, respectful." Another person said, "(The provider) is wonderful. She spent lots of time with me when I first came in because at first I couldn't settle. They're all very kind." A further person said, "The staff are all alright, the manager as well. They're all very kind and treat me as an individual." Another person said, "The girls are very kind."

A relative said, "She loves coming here, they're all kind and all very nice. She was 90 in March and they had a nice party for her and even baked her a birthday cake. She has a nice relationship with all the staff. They're very compassionate, always cuddling and kissing her. Last time she got hold of the wrong end of the stick - she thought her (relative) had gone into hospital for a heart operation - and she had tears, but they dealt with it. She's been coming here for 3 years for respite care, as a day visitor and when we go on holidays. She calls this place 'The Hotel'. I used to work in a care home, so I know what to look for."

Another relative said, "The staff are excellent. Nothing is too much trouble. Whatever we've asked for, or Mum has asked for, she's got. (The provider) is so kind and gentle. I watched her deal with a gentleman (resident) who was being difficult, very well. She defused the situation."

People told us they liked their rooms and we saw many rooms were very personalised with mementoes and belongings people had brought in. One person said, "My room suits me. It's just right and I can get in and out of the toilet with my frame." A relative of a person who visited for respite care said, "(When she comes) they always try and give her the same room. There's always clean bedding and they make sure that she has clean clothes on. It's not her permanent room, but it's still feels homely, and she likes the en-suite."

Throughout the inspection we saw staff respected people's privacy and dignity when they supported them with personal care. For example, we saw one person about to use the toilet who had forgotten to close the door. The registered manager immediately went to assist the person and closed the door. This was done in a respectful manner which maintained the person's dignity.

We saw staff were discreet when asking people about their needs and maintained confidentiality. We saw staff responded quickly to any requests for assistance and people appeared relaxed and comfortable in their presence.

The registered manager told us that no one who used the service required an advocate. However, they confirmed that they would assist people to gain access to an independent advocacy service if appropriate.

The registered manager told us relatives and friends were able to visit at any reasonable time and were encouraged to take an active part in people's care and treatment. This was confirmed in our discussions with relatives. One relative said, "We can do what we like with Mum (e.g. take her out) and they'll accommodate. You don't need to make an appointment."

Requires Improvement

Is the service responsive?

Our findings

At the last inspection in August 2014 we found the provider did not have an effective complaints system. At this inspection we found improvements had been made.

People we spoke with knew how to make a complaint and said they would feel able to raise any issues. One person said, "(The manager) - he's very good. They're (the owners) very nice people. If there's something wrong, I'll go and see him, and he'll sort things out. I've no complaints, but if I did I'd just go straight to them."

The registered manager told us they worked in the home on a daily basis and people, their relatives and staff were aware that they could contact them at any time if they had concerns. There was a complaints procedure on display on the notice board in the entrance and a compliments and complaints book available. In addition, the registered manager told us since the last inspection a copy of the complaints procedure had been put in every bedroom. We looked at the complaints register and found no complaints had been received since the last inspection. However, it was apparent when talking to staff that they were dealing with minor concerns and complaints as they arose but this information was not being recorded. We discussed this with the registered manager and provider who said they would make sure this information was recorded in future.

People told us they were satisfied with the care they received and we observed staff were responsive to people's needs. However, we found communication about people's needs and preferences relied predominately on verbal information passed between staff through handovers and care records were not utilised in the planning and delivery of care. This put people at potential risk of receiving inconsistent and unsafe care. We spoke with two care staff and they told us they had no input to the care planning process and did not use the care plans as working documents. One staff member told us although they were able to read the care plans they did not do so but relied on the daily handover to update them on people's changing needs.

We observed the handover between the person in charge of the night shift and the team leader on the day shift. The exchange of information was verbal with no written records used to inform or record the handover. Information provided was limited with most people described as 'fine' or 'okay' and no other information given about their needs or care during the night.

We looked at four people's care plans and found there was insufficient detail to provide staff with clear guidance on how to meet people's needs. Information was either difficult to find or was not up to date or accurate. For example, one person, who was living with dementia and was visually impaired, had care plans which were dated November 2011. The team leader told us the care plans were still relevant. However, looking at the monthly reviews it was apparent there had been some changes but the care plans had not been updated to reflect this. The care plan for 'demeanour and behaviour' and the falls risk assessment were dated 2009. Both documents had been reviewed monthly and showed changes in the person's needs but the care plan had not been changed accordingly. It was clear from the care documentation that the person's behaviour had now become more difficult to manage because the person was frailer and their ability to communicate and understand what staff were asking of them was more limited. This had resulted in them becoming frustrated and at times expressing behaviour that challenged the staff. There was no care plan or risk assessment in place to provide staff with guidance on how their behaviour should be managed. We were told by staff that this person had an infection but were unable to find any documentation to evidence this apart from a one line reference in the 'recreation and daily living' section of their care plan. The record simply stated "Quest matron informed service of infection but GP did not want to give antibiotic." There was no care plan or risk assessment in place in relation to the management of the infection although the staff we spoke with could demonstrate how they provided the person's care and support. Similarly another person who staff told us had an infection had no care plan for this infection although staff we spoke with were aware of the infection and correct infection control procedures were being followed.

Another person's care records showed they had Alzheimer's Disease, yet there was no reference to this in their care plan. The person had been assessed at high risk of falls, yet there was no care plan to guide staff in how to manage this risk. The care plan for personal care dated January 2013

Is the service responsive?

showed the person required one staff member to assist them, yet the monthly review in November 2014 showed the person required two staff to assist and the care plan had not been updated.

We looked at the care documentation for two people who had been recently admitted to the home. The information provided was very brief and the assessment forms were only partially completed. For one person, the assessment form was not signed or dated and there was no indication who had carried out the assessment, where the assessment had taken place or who had provided the information. This was discussed with the team leader who told us they had carried out the assessment. They acknowledged the assessment form was poorly completed.

The care plans gave little guidance to staff on how to meet the person's needs and in many instances just stated 'needs full assistance'. The care plan was not person centred and it was difficult to see how staff could promote the person's independence and provide appropriate care and treatment with such limited information.

The moving and handling assessment showed the district nurses were visiting the person to change a dressing but there was no indication what type of wound was being dressed or where the wound was. This was discussed with the team leader who told us the person had a small ulcer (ungraded) on their leg but acknowledged the skin integrity assessment and body map and not been completed to show this.

We found evidence which indicated care was task driven rather than tailored to meet people's individual needs and preferences. For example, we saw bath lists which identified people who were to be bathed by the night staff and others by the day staff. The lists indicated what time of the day people were to be bathed, such as morning or evening, and showed everyone had two baths a week. Staff confirmed they used these lists to bathe people. We discussed this with the registered manager and provider as we were concerned people who were being bathed by the night staff, who finished work at 8am, would have their baths early in the morning. They told us the lists were drawn up according to people preferences, yet we saw no reference to this in the care records we reviewed. We spoke with one person who told us they had a bath once a week on a Sunday. When we asked if they could choose which day they had a bath they said, "No we have our days and mine is Sunday." This person told us they had had their bath at 5.30pm the previous week and had then been changed into their night clothes which they said they thought was 'a bit early'. Although, another person said, "I have a bath twice a week, Tuesday and Saturday mornings, and they bathe me. When my daughter got married, (the owner) asked me if I wanted a bath that morning (i.e. on her wedding day.) She's right good, that (the owner)." And another person told us, "I can go and have a shower whenever I want, I just have to tell them so that they can keep an eye on me."

We saw everyone went to the dining room for their meals. We spoke with one person and asked if they could choose where to have their meals and if they could have them in their room. They said, "I don't think so, I've never asked. We have to be down in the dining room for 8.30am. We have all our meals in the dining room." We found people's choices were not determined and recorded and care was not designed or delivered to achieve people's individual preferences. This was a breach of Regulation 9 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

The registered manager told us care staff provided the activities for people. The hairdresser was visiting on the day of our inspection and one person told us, "I like getting my hair done here."

In the downstairs lounge, we observed one of the staff playing a memory game with a large group of people. This involved showing them a period picture on a card, which would have been famous at the time, and asking individuals about the picture, thus stimulating conversation. We saw people were smiling and enjoying this activity. On another occasion we saw some people playing skittles with staff in the lounge.

We saw some people occupied themselves preferring to stay in their rooms, while others spent their time in the lounges. People spoke positively when telling us how they spent their days. One person said, "After breakfast, I come back to my room to read the newspaper and then join them in the lounge. I've got my knitting, I've done a jigsaw, and they've got me colouring a pattern book. I'm quite happy - if I want company, I can go out (to the lounge) or I can stop in here (the bedroom)." Another person said, "I'm not a big reader of (fiction) books, I prefer the newspaper and educational, factual, things. They do have afternoons where everyone joins in. I don't get many visitors, if there any outings, I go on them."

Requires Improvement

Is the service responsive?

Another person told us, “I read the paper and I’ve got my embroidery. Sometimes, I go downstairs for the exercises. When it’s a nice day, I can walk around the garden. I’m going to a concert on Saturday at the church.” A further person said “I’ve got my knitting and I look after the plants (in my room). I get plenty of visitors, I’ve got five children and eight grandchildren.”

One relative said, when speaking about their family member, “When she first came (on respite) they noticed that she preferred a particular room (as it had views of the golf course and gardens), so when she came here permanently, they gave here that room. We are always here, but don’t ever feel that we are being a pest. We also have a chat with the other residents and they all seem content. We’ve noticed that all the carers take the time to talk to them as well and being very kind to them. We’ve brought in a jigsaw for her to do, it’s done now, and I’ve just noticed that she’s got two more (in her room). At home, she’d just be sat around all day.”

Inadequate

Is the service well-led?

Our findings

At the last inspection in August 2014 we found there was a lack of formal systems to assess and monitor the quality of care. The provider's action plan stated they had invested in a compliance toolkit which would be implemented to ensure quality assurance checks were in place and evidence continuous improvement. At this inspection we found this was not in place and improvements had not been made.

The home had a registered manager. The home is a family business with the providers taking an active role in the day to day management of the service. People and relatives we spoke with all knew the providers and registered manager and spoke highly of them. One person said, "(The registered manager) and (the owner) are really nice, they're just like friends. If you want for anything, they'll do it. I'm quite happy here." One relative said, "It's a relief for the whole family that she's here. It feels like (the registered manager) and (the owner) have become part of the family as well. Once, I made a comment about some residents being awkward, and the owner said, 'Never, the people here come first, and that's sacrosanct!' In some ways, we wish there was something we could criticise (so as to show that we're giving a balanced view) but we can't. It's very efficient here and very caring."

Staff told us they felt well supported by the manager and provider. One staff member said, "If they're not here, they're always at the end of a phone." Another staff member said, "They're (registered manager and provider) always here. They're fab to work for, very supportive."

However, we found there was a lack of formal mechanisms in place to effectively assess and monitor the quality of care and service provided and issues and concerns we found in this report had not been identified or addressed. For example, the registered manager showed us records of care plan reviews they had carried out in February, March and April 2015. The audits lacked detail and it was not clear what records had been reviewed or the criteria used to assess the quality of the documentation. There were no actions or timescales identified for improvements and no evidence to show any follow up. We asked the registered manager what other audits were in place to monitor the quality of care and we were told there were none. The registered manager showed us a copy of the fundamental standards compliance toolkit which they had recently purchased. The registered manager acknowledged that they had been going to put this in place following our previous inspection but had not done so.

The registered manager showed us monthly audits they had completed on beds and mattresses and hoists and slings. The audits provided no information on what had been checked other than a list of room numbers for the beds and mattresses and another list for the type of hoist and sling which had been checked with a tick against them. There was no record to show what had been checked as part of this audit.

We found policies and procedures were undated and therefore it was difficult to establish if they provided staff with accurate and up to date information.

The registered manager told us at the inspection no 'residents meetings' were held. However, following the inspection they advised a residents meeting had been held in January 2015. The registered manager said staff spoke with people on a monthly basis and discussed all aspects of the service with them. This was confirmed by one person we spoke with who said, "Once a month, (staff member) goes through a form with me and asks me if I'm satisfied with everything - food, laundry, cleaning. She fills it in and I sign it. I'm quite happy here. I read about care homes in the newspapers and I say, 'Well, it's not like that here!' " The registered manager told us these forms were kept in people's individual files but there were no systems in place to analyse the overall feedback given.

The registered manager told us they did not send out survey questionnaires to the relatives of people who used the service or other stakeholders. However, they left questionnaires in the reception area for people to complete when they visited. We saw four questionnaires had been completed by relatives in 2015 and the majority of comments were complimentary about the standard of care and facilities provided. Comments included:

'The staff are kind and most helpful'

'Very good care'

'Very good staff and very helpful'

We asked the registered manager how the surveys were analysed and how feedback was given. They told us there were no systems in place to analyse the information provided in the surveys.

Inadequate

Is the service well-led?

We saw periodic staff meetings were held and minutes were made available on the day of inspection.

This section is primarily information for the provider

Action we have told the provider to take

The table below shows where legal requirements 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 did not take formal enforcement action at this stage. We will check that this action is taken by the provider.

Regulated activity	Regulation
Accommodation for persons who require nursing or personal care	Regulation 18 HSCA (RA) Regulations 2014 Staffing Sufficient numbers of suitably qualified, competent, skilled and experienced persons were not deployed and had not received appropriate support, training, professional development, supervision and appraisal to enable them to carry out the duties they were employed to perform. Regulation 18 (1) (2) (a).

Regulated activity	Regulation
Accommodation for persons who require nursing or personal care	Regulation 9 HSCA (RA) Regulations 2014 Person-centred care The care and treatment of service users was not appropriate and did not meet their needs or reflect their preferences. Regulation 18 (1) (a) (b) (c).

This section is primarily information for the provider

Enforcement actions

The table below shows where legal requirements were not being met and we have taken enforcement action.

Regulated activity	Regulation
Accommodation for persons who require nursing or personal care	Regulation 17 HSCA (RA) Regulations 2014 Good governance Systems and processes were not established or operated effectively to assess, monitor and improve the quality of the services provided or to assess, monitor and mitigate the risks relating to the health, safety and welfare of service users and others who may be at risk. Accurate, complete and contemporaneous records were not maintained in respect of each service user, including a record of the care and treatment provided to the service user and decisions taken in relation to the care and treatment provided. Regulation 17 (1) (2) (a) (b) (c).