Oxbridge Care Limited

# Windsor Court Residential Home

## Inspection report

44-50 Windsor Road
Stockton On Tees
Cleveland
TS18 4DZ

Tel: 01642618276
Website: www.windsorcourtuk.com

Date of inspection visit:
19 December 2017

Date of publication:
20 February 2018

## Ratings

| | |
|---|---|
| Overall rating for this service | Requires Improvement |

| | |
|---|---|
| Is the service safe? | Requires Improvement |
| Is the service effective? | Requires Improvement |
| Is the service caring? | Requires Improvement |
| Is the service responsive? | Requires Improvement |
| Is the service well-led? | Requires Improvement |

# Summary of findings

## Overall summary

This inspection took place on 19 December 2017 and was unannounced.

Windsor Court 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. At the time of inspection there were 32 people living at the service.

A registered manager was in post at the time of the inspection visit. They were registered with the Care Quality Commission in December 2004. 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.

The last inspection of the service was carried out in September 2015 and found that the service was not meeting all the requirements of Health and Social Care Act 2008 and associated Regulations. We found concerns relating to when required medicines and topical medicine administration and recording. We asked the registered provider to take action to make improvements in relation to the management of medicines. We received an action plan outlining how the provider was going to meet this regulation.

At this inspection we found that the provider had made improvements however we found further improvements were required to become fully compliant with the Fundamental Standards of Quality and Safety. In particular we found concerns with a prescribed pain relief patch application for one person, medicine counts, carried forwards of medicine stock and where permission had been granted to administer a medicine outside the prescribed times in certain circumstances, staff had not recorded what these circumstances were.

We found concerns around the decisions made to put people on pureed diets.

Plans were not in place to minimise all risks to people who used the service. For example, people on a pureed diet.

Audits were taking place, however the in house audits were mainly tick boxes and were not robust enough to highlight the issues we found during our visit.

People enjoyed the food provided and were offered a choice of meal. People who were on a pureed diet had limited choice and the full meal was liquidised together, therefore not enabling individual tastes.

Care staff had received the training they needed to carry out their roles effectively. However, we recommend the registered manager and cook needed training and support on current guidelines and best practice for

example when to refer people to specialist healthcare professionals and how to prepare food in alternative ways . Staff were fully supported from supervisions and a yearly appraisal.

People told us that they felt safe at the service and that they trusted staff. Safeguarding training was completed by staff and they had access to information about how to prevent abuse and how to respond to an allegation of abuse. Staff knew what was meant by abuse and said they would not hesitate to report any kind of abuse which they were told about, suspected or witnessed..

A number of recruitment checks were carried out before staff were employed to ensure they were suitable.

Staff had received Mental Capacity Act (2005) and the Deprivation of Liberty Safeguards (DoLS) training and demonstrated a basic understanding of the requirements of the Act. People were supported to have maximum choice and control of their lives and staff supported them in the least restrictive way possible; the policies and systems in the service supported this practice The registered manager understood their responsibilities in relation to the DoLS. Evidence of consent was sought, however many were dated 2014 and no checks had been made to make sure the person still consented.

We looked at staffing levels and although on the day of inspection there were sufficient staff on duty, all staff we spoke with said if a person requires two to one care, other people were left on their own whilst staff provided this. We asked the registered provider to look into this.

Staff could demonstrate a person centred approach to care, they knew people and their life history's well. However we found that not all staff knowledge was recorded in people's care files. Care plans had information about people's wishes, preferences and life histories. However a lot needed archiving. When care plans were reviewed there was not always enough detail.

We saw evidence of activities taking place. At the time of our inspection the activity coordinator was not at work, however staff tried their best and sing a longs, and music was playing.

The service had a complaints policy that was applied if and when issues arose. People and their relatives knew how to raise any issues they had. The service had received no complaints.

We identified two breaches of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014. You can see what action we told the registered 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.

Medicines were not always managed safely

Risks to people were not all assessed or plans put in place to minimise the risk.

Staff understood safeguarding issues and felt confident to raise any concerns they had.

The provider carried out pre-employment checks to minimise the risk of inappropriate staff being employed.

### Is the service effective?

**Requires Improvement**

The service was not always effective.

People were provided with a choice of foods. Where people required pureed food there was a limited choice.

Staff received training to ensure that they could appropriately support people and were supported through supervisions and appraisals. The registered manager and the cook needed more up to date training on current guidelines and legislation.

Staff knew their responsibilities under the Mental Capacity Act.

Evidence of consent was sought however some had not been reviewed since 2013.

### Is the service caring?

**Requires Improvement**

The service was not always caring.

The provider needed to look at people's dignity and choice.

Staff demonstrated a kind and caring approach.

Relatives were greeted warmly by staff and could visit anytime.

### Is the service responsive?

**Requires Improvement**

The service was not always responsive.

Care plans contained out of date information and evaluations provided no detail.

People were happy with the activities on offer.

People and relatives knew how to make a complaint if needed.

## Is the service well-led?

**Requires Improvement**

The service was not always well-led.

The quality assurance audits were mainly tick boxes and did not highlight the concerns we raised.

Records needed archiving, reviewing for relevance and tidying up.

The registered manager understood their responsibilities in making notifications to the Commission. However they were not up to date with current guidelines.

# Windsor Court 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 19 December 2017 and was unannounced.

The inspection team consisted of two adult social care inspectors and one expert by experience. An expert by experience is someone who has experience of this type of service.

We reviewed information we held about the service, including the notifications we had received from the provider. Notifications are changes, events or incidents the provider is legally obliged to send us within required timescales.

Before the inspection we looked at other information we held about the service. This included previous inspection reports, the provider information return and notifications. A provider information return is a form that asks the provider to give some key information about the service, what they do well and improvements they plan to make. Notifications are changes, events or incidents that the service must inform us about by law. We also wrote to the local authority who commission the service to request feedback.

During the inspection we looked at five care plans, room records, Medicine Administration Records (MARs) and daily records. We spoke with four members of care staff, the registered provider, the registered manager and the deputy manager. We spoke with ten people who used the service and six visiting relatives.

Requires Improvement

# Is the service safe?

## Our findings

At our last inspection in September 2015 we found a breach of Regulation 12 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014. We asked the registered provider to make improvements to records in relation to the management of medication. The concerns were with the recording of when required medicines and the application of topical medicines. During this inspection we checked whether the registered provider had made the required improvements.

Whilst the provider had made improvements with these concerns we found some further improvements were required.

At this inspection we found one person was prescribed a controlled drug patch for pain relief which was to be applied to the same area of skin for 3-4 weeks' The patch application record showed it was always applied to the same place. We asked the senior care worker why this was and they said," [Person's name] has capacity and will not allow us to apply it to [a certain area]." The staff had not sought any guidance from a healthcare professional about applying it to the same area. Therefore we could not evidence that the person had received the full benefit of the treatment. This was mainly poor practice by staff as the person did not complain of any pain.

Another person was prescribed a drug to treat anxiety. The senior staff member explained that this had been administered earlier than the prescribed time as the person was showing 'signs' [anxiety]. We saw a document providing permission for this to be administered early however nothing was documented to say why it would be administered early or what the signs to show the person was becoming anxious were. Staff were aware and we found this was more of a recording issue than unsafe practice. The provider updated this on the day of inspection.

Where medicine stock was carried forward from the previous month this was not added to existing stock, therefore it was difficult to establish what the correct stock level in the home was. For one person we found ten tablets unaccounted for.

We found medicines were stored safely and within the correct temperature guidelines.

Six people were on a pureed diet, some from 2014. However, the decision to place these people on a pureed diet had been made by the registered manager, who had no clinical background, and without consulting clinical professionals. The registered manager had not referred these people to the speech and language therapist until 2 November 2017. The registered manager said they were not aware they needed to until a social worker pointed this out. The people had received no assessment to state a pureed diet was necessary or in their best interests and there was nothing documented on what consistency the food was to be at or any swallowing guidelines. No risk assessments were in place for these people. This meant people were at risk of receiving unsafe care which could result in a risk of harm.

In the care plans we reviewed we found that risk assessments were in place for falls, however more personal

risk assessments were not in place. For example, there were no assessments where people had the need for bed rails, a pureed diet, or specific skin conditions. We saw some people were at risk of experiencing a loss of appetite and weight loss. One person's care plan stated they had lost weight. The service had consulted the GP but no attempt had been made to weigh the person weekly until a stable weight had been reached. The registered provider followed up after the inspection to say the person was too ill to be weighed and refused..

These findings evidenced a breach of Regulation 12 (Safe care and treatment) of the Health and Social Care Act (Regulated Activities) Regulations 2014

All the people who used the service said they felt safe with the staff that provided care. People we spoke with said, "I have lived here for three years and it is good, there is always someone to help you and I definitely feel safe here." Another person said, "Yes it is safe, the doors are always locked and we have good windows." And another person said, "I just have to ring my buzzer and they [staff] come straight away."

Relatives we spoke with said, "The care is excellent, my [family member] is very well looked after, I have no concerns with safety they [staff] hoist my [relative] several times a day and they are really good." Another relative said, "I don't have any safety issues, they keep on top of everything." And another relative said, "Generally [family member] is safe." Another relative said, "When something is wrong it is spotted straight away, there are no safety issues."

We saw signs displayed and minutes from meetings asking staff to use specific doors to exit the building. However, on the day of inspection one staff member walked through the lounge with a bag of rubbish, opening the door that led straight to the garden to put this rubbish in the waste bin. On opening this door it allowed the cold to come in and two people were sat next to the door. People in the lounge all complained about the cold. We fed this back to the registered provider who said they would reiterate with staff about which doors to use when taking rubbish out.

Fire and general premises risk assessments had been carried out. Required certificates in areas such as gas safety, electrical testing and hoist maintenance were in place. Records confirmed that monthly checks were carried out of emergency lighting and fire alarms. Water temperatures were taken weekly however they were just a tick. Therefore we could not evidence the water was at the correct temperatures. The provider agreed to start recording water temperatures. A Personal Emergency Evacuation Plan (PEEP) was in place. However, work was needed to make these more personalised to each person and to include other needs such as physical (frailty, sight and hearing impairment) and neurological (dementia, Parkinson's, challenging behaviour).

A record was kept of accidents that occurred at the service, which included details of when and where they happened and any injuries sustained. The registered manager said they reviewed this for any trends, and would take any necessary remedial action needed. The accidents and incidents were too low to find any trends.

We looked to see if there were enough staff on duty to meet the needs of the people. During the day there were two seniors and three care staff. On a night there were two care staff and one sleep over in case of emergencies. All four staff we spoke with said that when there was two staff on each unit it was difficult when two to one care was needed as this left the remainder of the people alone or they had to remove a staff member from the other unit. The provider said they would look into this.

People and relatives we spoke with said there were enough staff on duty. One relative said, "There is always

plenty of staff and there is a good atmosphere."

Recruitment procedures were in place to ensure suitable staff were employed. Applicants completed an application form in which they set out their experience, skills and employment history. Applicants were also invited to meet the people who used the service prior to interview. Two references were sought and a Disclosure and Barring Service check was carried out before staff were employed. The Disclosure and Barring Service (DBS) carry out a criminal record and barring check on individuals who intend to work with children and vulnerable adults. This helps employers make safer recruiting decisions and minimise the risk of unsuitable people from working with children and vulnerable adults.

There were a number of policies to ensure staff had guidance about how to respect people's rights and keep them safe from harm. These included clear systems on protecting people from abuse. Staff had received training in keeping people safe from abuse and had access to guidance to help them identify abuse and respond in line with local safeguarding protocols if it occurred. Staff told us they would have no hesitation in reporting abuse and were confident any concerns would be acted on.

We saw the premises was clean and tidy, cleaning schedules were in place and records showed these had been followed. Staff told us that there was a plentiful supply of personal protective equipment such as aprons and gloves and we observed these being used appropriately.

Requires Improvement

# Is the service effective?

## Our findings

We saw that staff training was up to date. We confirmed from our review of staff records and discussions that staff were suitably qualified and experienced to fulfil the requirements of their posts. Staff we spoke with told us they received training that was relevant to their role and additional training if needed. We confirmed from our review of records that staff had completed training which included safeguarding vulnerable adults, the Mental Capacity Act (MCA), Deprivation of Liberty Safeguards (DoLS), fire safety, food safety, equality and diversity and moving and handling. Staff who administered medicines also had competency observations two or three times a year. However, we found the registered manager was not always aware of when to refer people to healthcare professionals and the cook was not aware of up to date practices when providing pureed meals. We recommend that the registered manager and the cook have training on current guidelines and best practice. For example, knowing when to send referrals off to specialist healthcare professionals and providing meals in alternative ways.

New staff undertook an induction programme, covering the service's policy and procedures and using Care Certificate materials to provide basic training. The Care Certificate is an identified set of standards that health and social care workers adhere to in their daily working life. It sets out explicitly the learning outcomes, competences and standards of care that will be expected. New staff also completed shadow shifts until they and the registered manager felt competent to work alone.

Staff were supported through regular supervision. Supervision is a process, usually a meeting, by which an organisation provides guidance and support to staff. Staff we spoke with felt supported with supervision.

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 people lack mental capacity to make particular decisions, any decisions made on their behalf must be in their best interests and as least restrictive as possible.

People can only be deprived of their liberty to receive care and treatment when this is in their best interests and legally authorised under the MCA 2005. The application procedures for this in care homes are called Deprivation of Liberty Safeguards (DoLS). We checked that the service was working within the principles of the MCA 2005 and found that they were. There were processes in place to protect the rights of people living at the service. Staff had undertaken training in relation to the Mental Capacity Act 2005 (MCA) and Deprivation of Liberty Safeguards (DoLS) and they understood the main principles of the act in their day to day practice.

The management and staff understood their responsibilities and the process for making appropriate applications if they considered a person was being deprived of their liberty. Applications for 21 people who lived at the service had been made to the relevant supervisory body, and authorised at the time of our inspection. However, one care plan did not encourage choice and stated '[person's name] can no longer choose their own clothes so choose for them.' This was not encouraging staff to include the person as much

as possible.

We did see some evidence of consent in people's files. However, many consent forms were dated from three years ago and longer, we could not see evidence to show people were still happy to consent to things such as having photographs taken etc.

Most people were happy with the food that was provided. There was a menu on the table stating what the Christmas and Boxing day menus were and the days menu was on a board on the wall. People we spoke with said, "When I came here ten years ago I was a 36 inch waist, now I am a 40 inch waist, that is how well fed I am." Another person said, "I am well fed, the food is very good, there is plenty of variety."

Relatives we spoke with said, "The food is good. [Family member] is a fussy eater, I think there's enough choice, they will go out of their way to cook their favourites if there is nothing they like."

On the day on inspection the main meal was sausage, beans and chips. There was an alternative choice of jacket potato, soup or sandwiches .

We saw that people had choice whether to eat in the dining room, in the lounge or in their own rooms. One person said, "I have my meals in my room quite often. The food is quite good, I know its fallen off a bit lately, it's got a bit monotonous."

Due to six people requiring a pureed diet we asked the cook how they managed this. The cook said, "We always keep food from the day before to puree, such as yesterday was mince, so they have had that today, they are usually a day behind everyone else. Or I make some veg and mash, my veg is always soft anyway." We saw the pureed meal which had every food item liquidised together in one bowl, which looked unappetising. We asked the cook if they ever blended the food separately such as keeping the meat and vegetable separately so a person can experience the different tastes or place the food in moulds to replicate solid food. The cook said no they always liquidise the food together and were not aware of moulds.

We asked the cook if people had access to snacks throughout the day. The cook said, "Snacks are kept in the kitchen, and people could have access to them but they are kept away as they [people who used the service] would be constantly on them."

We were told no one required any special cultural or vegetarian diets.

We recommend the provider looks at best practice in relation to dignity and choice with meals and food and updates its practice accordingly. We also recommend the cook has training on current guidelines and best practices when providing alternatively prepared meals.

Although we did not see evidence of contact with SALT regarding people on pureed diets, we did see evidence of contact with other external healthcare professionals such as the GP. One relative said, "Professionals visit my [family member], the Chronic Obstructive Pulmonary Disease (COPD) nurse and the matron comes in regularly. Staff will often spot things before I do, such as, if my [family member] has a crackly chest." Another relative said, "The chiropodist visits regularly and the GP is on call if they need him." And another relative said, "[Family member] gets referred to professionals when needed. They were admitted to hospital very quickly when they had bronchitis recently. The hospital consultant was impressed with how fast the home reacted. He said, 'she must have really good care at that home.'" Another relative said, "When they need a healthcare professional they [staff] will be straight on the phone."

There was signage for people living with dementia. The main communal areas which people with dementia regularly occupied, including lounge and the dining room lacked items of interaction or stimulus which could be used to support reminiscence such as pictures of the local areas and favourite pastimes of people who lived at the service. The registered manager said, "We have fiddle mitts and lots of tactile stimuli." When we asked where these were we were told they were in a bag in the corner.

All the chairs were place around the wall in the lounge for people with dementia. Five people were sat against the same wall which the television was on, therefore had no way of being able to see it. We discussed this with the registered provider who agreed work needed to be done and they themselves did not particularly like all the chairs placed around the walls. They explained they had recently visited another home to get ideas which they were working on to introduce to their home.

One relative we spoke with said, "The back lounge could do with better lighting.  A couple of people have said the same. The other lounge is very bright."

The registered provider explained how they were introducing technology into the service. They said, "We give Ipads and the wifi password to those who want to use it."

Requires Improvement

# Is the service caring?

## Our findings

People said staff were kind and caring and we observed staff demonstrated this.

People who used the service were happy with the care that was provided. People we spoke with said, "The staff are good, they're helpful and caring." Another person said, "You know you're going to get well looked after here." And another person said, "I'm quite happy here, it's my home, I don't know anywhere else now. The staff are very kind to me. It's got a nice atmosphere." Another person said, "The carer's couldn't be more helpful. The staff are very good, I'm friendly with them all." A further person said, "It's a fantastic place, very caring."

Relatives we spoke with said, "Most of the staff are very caring, but not everyone is fully dedicated." Another relative said, "The carers are fantastic. The girls work really hard."

Through observation we saw staff demonstrated a kind and considerate attitude. When talking to people they bent down so they were at eye level and held their hand.

We saw staff providing clear explanations to people who they required to hoist, this supported the person to understand what was happening to them and alleviated any anxieties.

We asked staff how they supported people's privacy and dignity. Staff explained how they always knock on people's doors before entering and keep people covered as best as possible when providing personal care.

People we spoke with said staff treated them respectfully. One person said, "They [staff] treat me well and with respect. Staff listen to me." A relative we spoke with said, "They [staff] speak to my [relative] with dignity and respect."

Staff said they encouraged people to maintain their independence. Staff we spoke with said, "We always encourage them [people who used the service] to do what they can themselves, if not we ask people if it is okay to assist them."

People said staff offer choice and make sure we are happy with the choices. One person said, "I have choice of where I eat or sit, also if I want to join in activities."

Staff we spoke with said, "People have choice of what they want to do, we have a couple of people who prefer to stay in their own room and we respect this as it is their wish and their right to do this."

The service had a equality and diversity policy in place and staff had received training in this. We asked staff how they embed equality and diversity into their caring role. Staff we spoke with said, "We treat everyone equally." Another staff member said, "We are aware that people have different beliefs, foods and ways of washing. However we don't have anyone at present." And another staff member said, "We respect people's feelings and beliefs. Another staff member said, "When people want to go to church they can go." The

registered provider said, "We have one person who gets a visit from a priest every other day and in the past we have taken people to church every Sunday and provided halal food."

We saw evidence in all people's care plans that they had been registered to vote.

Nobody at the service was using an advocate. Advocates help to ensure that people's views and preferences are heard. We saw there was information available to people about advocates if they wanted it.

Bedrooms were personalised to suit people's wishes and preferences. For example, people displayed family photographs and other personal items which they owned. Bedrooms were considered as people's own personal space where they could spend time alone when they wished or meet in private with family and friends. One person said, "I like my bedroom."

People received visitors at intervals throughout the day of our inspection and they were welcomed by staff as if part of a family. Staff knew the relatives well. Relatives we spoke with said, "I can visit anytime I want to." Another relative said, "I visit at least six times a week and another relative visits about four times a week." And another relative said, "I can visit any time I want and I also feel I am listened to."

Although we found the staff were caring throughout the inspection it was evident from the issues we found that the provider was not ensuring the service was caring overall.

Requires Improvement

# Is the service responsive?

## Our findings

Care plans contained information about people's histories, personal preferences, likes and dislikes. On the first page there was a needs assessment summary which documented at a glance people's specific needs such as personal care needs, medicines and mobility. There was information recorded about people's normal morning, afternoon and evening routine. However, when the care plans were reviewed all that was recorded was no change, going back as early as 2014. There was nothing documented to show how the staff member had evidenced there was no change. If a change did take place the old care need was just crossed out and the new care written underneath.

The care plans contained out of date information. For example, when people required a short term care plan for antibiotics these were not removed when completed and body maps to record falls were still in place from 2015. Some information was conflicting, for example, one person's care plan stated they loved their meals but further on said they were not a good eater.

There was an assessment of needs evaluation that documented things such as preferred days for bath or shower. These again had been evaluated monthly but since February 2015 each month said no change. One person's assessment said they can become distressed at night however there was no plan in place for staff to follow to support this. Another mobility care plan stated that they were an independent walker but required assistance of one carer at times. There was nothing documented to state when these times would be.

Staff we spoke with could easily explain people's needs, however these were not all recorded.

This was a breach of Regulation 17 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

People were happy with the activities offered. One person said, "I don't get involved in the activities, but that's my choice, I like my own company." Another person said, "I always go down for the entertainment. Sometimes I take part in the activities such as baking."

Relatives we spoke with said, "I think there is enough activities. The girls work really hard. There's always plenty of staff and there's a good atmosphere. You notice the laughing as soon as you come in and the old time music playing. They have singers, choirs, a pantomime to go to, everything is very friendly." Another relative said, "[Family member] does exercise on chairs, sometimes they will get up and dance to the music with a carer." And another relative said, "Activity wise, they painted a picture the other day and they play skittles. I would say there's enough activities. There is baking too, but [family member is] not keen. They had a game of dominoes with the carers help the other day."

People had access to a wide range of activities and enjoyed what was on offer. We saw evidence to show that singers came into the home as well as people to support with exercises. The local school choir attended, there was a Christmas party arranged for the 21st December as well as birthday parties, games,

arts and crafts and bingo.

The activity coordinator worked Monday to Friday for two hours a day. They were not available during our inspection but staff on duty tried their best to offer activities. We saw music and singing taking place. We also saw staff spending time sitting with people throughout the day. One staff member said, "We talk to people separately, different people like different things."

The registered provider said, "Service users are made to feel involved and their talents are explored. We have a couple of very good singers who love to entertain the rest of the service users. We embrace differences in our cultures by introducing our food and clothes. We have an African staff member who can sing and entertain the residents in her own language."

People and their relatives we spoke with said they knew how to make a complaint if needed. There was a policy in place for managing complaints. The service had not received any complaints since our last inspection. There was information available to people about how to make a complaint on notice boards.

There was no one receiving end of life care at the time of inspection. We saw evidence in people files of the preferred priorities for care (PPC). PPC is a document for people to state their preferences and priorities for care at the end of their life.

Requires Improvement

# Is the service well-led?

## Our findings

The registered manager carried out a number of quality assurance checks to monitor the standards at the home. Quality assurance and governance processes are systems that help providers to assess the safety and quality of their services, ensuring they provide people with a good service and meet appropriate quality standards and legal obligations. We found the audits to be mainly tick boxes and none of them had highlighted the concerns we raised.

The registered manager had no clinical background or qualifications, however they had assessed people to receive their food pureed. The registered manager was not aware that these people should have been referred to and reviewed by an external healthcare professional such as the speech and language therapists. A visiting social worker had pointed this out and a request was placed on the 2 November 2014. After our visit this was chased up and an appointment was made in January.

Throughout the inspection we found records needed evaluating, updating and to archive those no longer relevant.

These findings evidenced a breach of Regulation 17 (Good governance) of the Health and Social Care Act (Regulated Activities) Regulations 2014

We asked people and their relatives what they thought of the management provision. People we spoke with said, "I don't see the manager, but she is available to chat to, if needed." Another person said, "The manager is approachable." Relatives we spoke with said, "The manager's great, the homes well managed." Another relative said, "The whole family are happy with [family member] here, there's nothing I would change. The owners are never away, it's the personal touch. They [owners] even come on Sundays." And another relative said, "The management is good."

We asked staff if they felt supported by the management. Staff we spoke with said, "The management team always listens to us." Another staff member said, "[Registered manager] is always there if you need them, their door is always open." And another staff member said, "The whole management team try their best, the owners numbers are in the office and if needed we can call out of hours."

The registered provider said, "I realise I have to be a role model and set a good example for the people around me. I show commitment to my role and inform all staff of our Mission Statement and objectives. I ensure that my behaviour, words and actions and that of my staff show commitment to equality of opportunity, diversity and inclusion."

People were happy living at the service and comments from them and their relatives were very positive. People we spoke with said, "It is a fantastic place, I like it very much." Relatives we spoke with said, "Any problems staff are straight on the phone to talk to me. Sometimes I feel guilty about [family member] being here and they talk to me. This is the third home [family member] has been in and this is the best by far. I can't praise it enough." Another relative said, "It's a home from home. I would recommend it to other

people. I'm 100 percent informed about [family member's] care. I feel listened to. Even on the phone, they [staff] are happy to chat you. You don't feel that you're bothering them, when you ring up."

Feedback was sought from people who used the service and their relatives. This was done via a questionnaire that was sent out. The last one was done in December 2016 with another one planned to go at the time of inspection. The December 2016 survey was 13 yes or no questions and everyone returned had a tick for yes. One person had also wrote, "It is a warm welcoming home and residents are treated with dignity and respect." The provider said they had adapted the questions this year to make sure they could learn more from them.

Staff meetings took place regularly and staff said they find them very useful. Meetings for people who used the service and relatives took place every month. Topics discussed were food and menus, activities, laundry and cleanliness of the home. One relative said, "The meetings take place once a month, I have not had time to attend. I have not completed a survey." Another relative said, "Yes I completed a questionnaire about a year ago."

We asked the registered provider what links they had with the local community. They said, "We link with the memory clinic, mobile library, dementia café, friends of Ropner park, local theatres and Billingham Forum."

Services that provide health and social care to people are required to inform the Care Quality Commission, (CQC) of important events that happen in the service. The manager of the service had informed the CQC of significant events in a timely way. This meant we could check that appropriate action had been taken.

This section is primarily information for the provider

# Action we have told the provider to take

The table below shows where regulations were not being met and we have asked the provider to send us a report that says what action they are going to take.We will check that this action is taken by the provider.

| Regulated activity | Regulation |
|---|---|
| Accommodation for persons who require nursing or personal care | Regulation 12 HSCA RA Regulations 2014 Safe care and treatment<br><br>Risk assessments relating to the health, safety and welfare of people using the service were not always completed or robustly reviewed. The provider did not include arrangements to respond appropriately and in good time to people's changing needs. Medicines were not always managed safely. |

| Regulated activity | Regulation |
|---|---|
| Accommodation for persons who require nursing or personal care | Regulation 17 HSCA RA Regulations 2014 Good governance<br><br>The provider was did not have robust systems and process in place to highlight the concerns we raised. Information was not always up to date, accurate and properly analysed and reviewed by people with the appropriate skills and competence to understand its significance. |