

# Dav Homes Limited







# Covent House

## Inspection report

Durham Road  
Birtley  
Gateshead  
Tyne & Wear  
DH3 2PF  
Tel: 0191 410 4444  
Website: www.heatherfieldcaregroup.com

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### Ratings

Overall rating for this service	Inadequate	
Is the service safe?	Inadequate	
Is the service effective?	Inadequate	
Is the service caring?	Good	
Is the service responsive?	Requires Improvement	
Is the service well-led?	Requires Improvement	

### Overall summary

This inspection took place over three days, 27 and 29 January and 9 February 2015. The first two days of the inspection were unannounced. We last inspected Covent House in October 2014 as we had received anonymous concerns. These related to staffing levels at the home. We found the home was meeting all the regulations that we inspected.

Covent House is registered to provide accommodation for up to 63 people who need nursing and personal care. It provides a service primarily for older people, including people living with dementia. At the time of the inspection there were 56 people living at Covent House.

The previous registered manager had left the home in February 2014 and was no longer managing the regulated activities at the location. However they were still a registered manager on our register at the time of the inspection. A proposed registered manager had been in

# Summary of findings

post since April 2014; however they left the service in November 2014 prior to registering with the commission. 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. We were told a new manager had been recruited and was due to commence their employment in February 2015.

Staff recruitment practices at the home did not always ensure that appropriate recruitment checks were carried out to determine the suitability of individuals to work with vulnerable adults, placing service users at risk of harm. Satisfactory reference had not been conducted, information on application for employment forms was incomplete. Where DBS disclosures revealed details of convictions, cautions, reprimands, final warnings or other information, a risk assessments of the applicants' suitability to work with vulnerable adults had not been undertaken. Security checks had been made with the Disclosure and Barring Service (DBS) and these checks help employers make safer recruitment decisions and prevent unsuitable persons working with vulnerable people.

People's medicines were stored securely. However we found that medication records were inaccurate and the service's arrangements for the management of medicines did not protect people.

Staff understood what abuse was and knew how to report abuse if required. We also noted the service had a whistleblowing policy. This meant staff could report any risks or concerns about practice in confidence with the provider.

We saw staffing levels were appropriate. We noted there were sufficient staff to provide a good level of support to people and to meet their needs. People using the service told us they were well cared for and felt safe with the staff who provided their care and support.

We found that there was limited understanding of the Mental Capacity Act (2005) and Deprivation of Liberty Safeguards (DoLS) so that the code of practice was not applied consistently, or appropriately. This meant people were at risk of their human rights to make particular

decisions was being denied to them. The service did not follow the requirements of the Mental Capacity Act 2005 (MCA). MCA assessments and 'best interests' decisions had been undertaken by the relevant supervisory body where there were doubts about a person's capacity to make decisions.

The providers' representatives were aware of the legal changes widening the scope of DoLS. However, they told us that at the time of the inspection people had not been assessed. We saw for a number of people living in the home, a 'Deprivation Checklist' had been completed. We noted this was prior to the legal changes and therefore did not encompass new guidelines relating to DoLS.

All new staff received appropriate induction training, received the training they needed and were supported in their professional development. However, we found that regular supervision sessions and appraisals were not currently being conducted.

Staff were knowledgeable about their roles and responsibilities. They had the skills, knowledge and experience required to support people with their care and support needs. People were also supported to make sure they had enough to eat and drink and told us they enjoyed the food prepared at the home and had a choice about what they ate.

People were supported to keep up to date with regular healthcare appointments. We noted where referrals were needed for external professionals to support people; this was done in a timely manner.

Meetings for people using the home and their relatives were currently not being held. The last relative's meeting was last held in November 2014 and no further meetings had been held, as relatives had been informed they would recommence when the new manager was in post at the end of February 2015. Advocacy information was not always easily accessible to people and their relatives. Advocacy ensures that people, especially vulnerable people, have their views and wishes considered when decisions are being made about their lives.

Relatives told us they were involved in the care and support their family member received. Care records confirmed the involvement of relatives in care planning. This helped ensure that important information was being communicated effectively and care was planned to meet people's needs and preferences.

# Summary of findings

Staff acted in a professional and friendly manner and treated people with dignity and respect. We observed staff supporting people and promoting their dignity wherever possible.

People told us that staff treated them well and we observed kind and caring interactions between staff and people using the service.

A complaints policy and procedure was in place and people told us they felt able to raise any issues or concerns. However, we found the provider's policy was not always followed. We found complaints were not accurately recorded. We also found there was no evidence available to confirm some complaints had been investigated, resolved, or any response had been provided to the complainant.

Care plans were regularly reviewed and evaluated. We saw health and social care professionals and relatives were involved in the review process where applicable.

People and their relatives were complimentary about the range of activities available at the home and we noted the service had recently received a number of

compliments, which included, "We've found the staff to be helpful, compassionate and very effective," "I appreciate the care and support they gave her," and, "I feel very comfortable knowing he is being well looked after."

Quality monitoring systems currently being used did not always ensure the service was operating safely and effectively. Quality assurance audits were not being undertaken. A medicines audit recently conducted had failed to identify discrepancies and shortfalls identified in the service's management of medicines.

The provider was not considering best practice in relation to meeting the needs of people using the service.

Care staff we spoke with told us the current management team were approachable and there had been noticeable recent improvements at the service. The majority of staff we spoke with said they felt equipped and supported to carry out their role.

During our inspection we identified a breach in five regulations. You can see what action we told the provider to take at the back of the full version of this report.

# Summary of findings

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

We always ask the following five questions of services.

### Is the service safe?

The service was not safe. Staff recruitment practices at the home did not always ensure that appropriate recruitment checks were carried out to determine the suitability of individuals to work with vulnerable adults, placing service users at risk of harm.

Medicines records were inaccurate and the service's arrangements for the management of medicines did not protect people. People's medicines were stored securely.

There were enough staff to meet people's needs. People using the service told us they were well cared for and felt safe with the staff who provided their care and support.

There were effective processes in place to help ensure people were protected from the risk of abuse and staff were aware of safeguarding adults procedures.

Inadequate



### Is the service effective?

The service was not effective. We found that there was limited understanding of Mental Capacity Act (2005) and Deprivation of Liberty Safeguards (DoLS) which meant the code of practice was not applied consistently or appropriately so some people were at risk of their human rights to make particular decisions was being denied to them.

People were supported to make sure they had enough to eat and drink and told us they enjoyed the food prepared at the home and had a choice about what they ate.

We found that regular supervision sessions and appraisals were not currently being conducted. All new staff received appropriate induction training, received the training they needed and were supported in their professional development. The majority of staff we spoke with said they felt equipped and supported to carry out their role.

People were supported to keep up to date with regular healthcare appointments and we noted where referrals were needed for external professionals to support people, this was done in a timely manner.

Inadequate



### Is the service caring?

The service was not always caring. Meetings for people using the home and their relatives were not currently being held. Advocacy information was not always easily accessible to people and their relatives.

Relatives told us they were involved in the care and support their family member received. Care records confirmed the involvement of relatives in care planning.

Good



# Summary of findings

Staff acted in a professional and friendly manner and treated people with dignity and respect. We observed staff supporting people and promoting their dignity wherever possible.

People told us that staff treated them well and we observed kind and caring interactions between staff and people using the service.

## Is the service responsive?

The service was not always responsive. A complaints policy and procedure was in place. People told us that they felt able to raise any issues or concerns. However, we found the provider's policy was not always followed.

Care plans were regularly reviewed and evaluated. We saw health and social care professionals and relatives were involved in the review process where applicable.

People and their relatives were complimentary about the range of activities available at the home. We noted the service had recently received a number of compliments.

**Requires Improvement**



## Is the service well-led?

The service was not always well-led. The service did not have a registered manager. Quality monitoring systems currently being used did not always ensure the service was operating safely and effectively.

Quality assurance audits were not being undertaken. A medicines audit recently conducted had failed to identify discrepancies and shortfalls identified in the service's management of medicines.

The provider was not considering best practice in relation to meeting the needs of people using the service.

Care staff we spoke with told us the current management team were approachable and there had been noticeable recent improvements at the service.

**Requires Improvement**



# Covent House

## 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 over three days, 27 and 29 January and 9 February 2015. The first two days of the inspection were announced.

The inspection team consisted of three adult social care inspectors, a pharmacist inspector, a specialist advisor and an Expert by Experience. An expert-by-experience is a person who has personal experience of using or caring for someone who uses this type of care service.

Prior to the inspection we reviewed information we held about the home, 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. We also spoke with the local authority commissioners for the service.

We spoke with eight people who used the service to obtain their views on the care and support they received. We also spoke with 11 relatives who were visiting the home on the day of our inspection. We also spoke with the providers' Operations Manager and Head of Care, the deputy manager, the clinical lead, a local authority commissioner for the service and 18 care staff.

We used the Short Observational Framework for Inspection (SOFI). SOFI is a way of observing care to help us understand the experience of people who could not talk with us.

We also looked at a range of care records. These included care records for seven people who used the service, 17 people's medicines records and five records of staff employed at the home, duty rotas, accident and incident records and complaints records. We also looked at minutes of staff and relative meetings and a range of other quality audits and management records.

# Is the service safe?

## Our findings

We looked at how medicines were handled and found that the arrangements were not always safe. When we checked a sample of 'boxed' medicines for five people against the records we found most did not match up. This meant we could not be sure if people were having their medication administered correctly.

Two medicines for one person and one medicine for another two people were not available. This meant that the service did not have appropriate arrangements for ordering and obtaining people's prescribed medicines, which increased the risk of harm.

We saw that some medicine records were not fully completed. For medicines with a choice of dose, the records did not always show how much medicine the person had been given at each dose. We saw for some medicines no record had been made of any quantities carried forward from the previous month. This is necessary so accurate records of medicines are available so that staff can monitor when further medicines would need to be ordered. The records which confirmed the application of creams and other topical preparations were incomplete. Incomplete record keeping means we were not able to confirm that these medicines were being used as prescribed.

We looked at the guidance information kept about medicines to be administered 'when required'. Although there were arrangements for recording this information we found this was not kept up to date and information was missing for some medicines. This meant there was a risk that care workers did not have enough information about what medicines were prescribed for and how to safely administer them. For example the when 'required guidance' had not been updated when the prescribed medicine was changed. For another person the prescribed dose had changed but the 'when required' guidance had not been updated to reflect this.

We looked at how medicines were monitored and checked by managers to make sure they were being handled properly and that systems were safe. We found that whilst the home had completed a medicine audit recently, the discrepancies that we found had not been identified.

We found that the service's arrangements for the management of medicines did not protect people. This was a breach of Regulation 13 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2010.

Medicines were kept securely. Records were kept of room and fridge temperatures to ensure medicines were safely kept. Medicines that are liable to misuse, called controlled drugs, were stored appropriately. Additional records were kept of the usage of controlled drugs so as to readily detect any loss.

All of the people who used this service had their medicines given to them by the staff. We watched a nurse giving people their medicines. They followed safe practices and treated people respectfully. People were given time and the appropriate support needed to take their medicines.

Staff recruitment practices at the home did not always ensure that appropriate recruitment checks were carried out to determine the suitability of individuals to work with vulnerable adults, placing service users at risk of harm.

We examined five recruitment records for staff who had recently been employed at the home. We found that inadequate checks had been completed. For example, four recruitment records did not include satisfactory references and three records had incomplete information on application for employment forms. Another two recruitment records did not contain proof of identity, three did not contain a photograph and another recruitment record had failed to disclose information required regarding criminal convictions, cautions and prosecutions pending. We saw this applicant had documented that this would be discussed during their suitability for employment interview. However, we noted no information was recorded following the interview and no risk assessment had been completed following the receipt of the Disclosure and Barring Service check.

Further DBS evidence viewed identified a further five care assistants employed at the home had relevant recorded convictions. The provider's Head of Care confirmed no DBS disclosure risk assessments had been completed for any of the five care assistants with recorded convictions. We spoke with the provider and the Head of Care during and after the inspection and were given assurances that the recruitment policy and DBS disclosure risk assessment policy would be reviewed and DBS disclosure risk assessments would be conducted immediately.

## Is the service safe?

This was a breach of Regulation 21 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2010.

People using the service told us they were well cared for and felt safe with the staff who provided their care and support. The majority of relatives we spoke with were happy with the care, treatment and support their relative received at the home. One person told us, "I'm safe – absolutely; couldn't be better." Another person told us, "Oh aye; I'm safe." One relative commented, "I feel my mam is safe here". Another relative told us, "From my point of view and my family's; I feel she's safe... She's gets much better care than when she was at home." However, one relative told us, "I suppose it depends which team is on. I feel she is OK when some are on (staff on duty), but not when others are on."

We saw that where safeguarding incidents were identified these were acted on appropriately and recorded for reference. For example, for one incident we saw an investigation report was complete, statements from the staff members involved and a record of the action taken. We saw a safeguarding policy was available for staff to refer to. This included the process for making alerts and referrals. We also received positive feedback from the local authority about how staff had responded to keep a particular person safe following a recent safeguarding strategy meeting.

Staff we spoke with were confident they would know how to recognise abuse and would report it accordingly. Staff told us they received training on safeguarding vulnerable people and we noted this was recorded in the training records. Staff we spoke with were able to tell us how they would respond to any allegations, or incidents of abuse and were aware of the lines of reporting within the organisation. One care assistant told us, "I am satisfied any concerns would be taken seriously."

We also noted the service had a whistleblowing policy. This meant staff could report any risks or concerns about practice in confidence with the provider. Staff were able to explain whistleblowing procedures and said that they would feel confident using them if they needed to.

We saw accident and incidents audits were completed. This ensured that in the case of an accident or incident

appropriate action had been taken, including any referrals for external professional support. We saw that as part of the monthly audit each accident and incident form was reviewed by a member of the management team.

Each person who lived at the home had appropriate risk assessments in place to ensure risks were evaluated and appropriate care and support identified. For example across the care files we reviewed, we identified risk assessments for nutrition, choking, tissue viability, moving and handling and pressure concerns. We saw that where external professionals had been involved in supporting people, for example, the Speech and Language Therapist (SALT), their views and feedback had been incorporated in to the risk assessments.

Following a number of recent concerns we had received, we looked at staffing levels at the home in detail. To help plan the numbers of staff needed, the operations manager told us, and records confirmed, the service used a dependency tool to determine the staffing levels needed at the home.

We looked at staffing rotas for the current and previous weeks. We saw staffing levels reflected what we were told by the operations manager. Where there were gaps we saw agency staff had been employed to help ensure safe levels of staffing were maintained. We saw staffing levels changed as occupancy and dependency levels increased and decreased. We noted staffing levels had recently increased in order to meet people's needs and we considered these were appropriate. One care assistant told us, "There are enough staff at the moment; but it gets hectic when it's full."

Throughout our inspection we saw staff were attentive when assisting people and found that they responded promptly and kindly to requests for help. We also saw staff would regularly sit with people and chat with them. One person commented, "They (staff) check on you last thing at night. They are checking on you all day... Staff come practically straight away if I ring the buzzer." Another person told us, "Staff are great and chatty." One relative told us, "I don't think she misses out on anything, or lacks attention." Other relatives comments included, "I am happy with the staff (staffing numbers) on the floor," and, "Staff do a good job – absolutely fine. They do anything you ask as long as it is reasonable." The majority of staff we spoke with confirmed they were able to spend time talking with people, enjoying a cup of tea or going for a walk with them.



## Is the service safe?

One care assistant told us, “Things are slowly getting better since the new management took over; especially around staffing.” One member of staff told us they would like to be able to spend more time with people, but this was not always possible. However, three relatives told us they believed additional members of staff were required in order to provide good standards of care. One relative said, “The girls are great with my mam; they could do with more help though.” Another relative told us, “Staffing numbers have been an issue for some considerable time.”

We saw everyone at the home had up to date personal emergency evacuation plans (PEEPs), which detailed moving and handling requirements and what additional support was required in an emergency. For example, we

saw one PEEP indicated the person had behaviour that might challenge the service. We noted it indicated if the person supporting evacuation was a staff member they would only need support from one person, however if they were supported by someone they were not familiar with then two people would be required. We concluded the level of detail in the PEEPs meant it was clear the level of support that was needed for each person in an emergency.

We also saw contingency plans were in place in case of a fire, flood, loss of utilities, or other emergency. Records confirmed the provider operated an out of hours contact facility where staff were able to contact a duty manager for advice and in the case of emergencies.

# Is the service effective?

## Our findings

The Care Quality Commission (CQC) is required by law to monitor the operation of the Mental Capacity Act 2005 (MCA) including the Deprivation of Liberty Safeguards (DoLS), and to report on what we find. MCA is a law that protects and supports people who do not have the ability to make their own decisions and to ensure decisions are made in their 'best interests.' It also ensures unlawful restrictions are not placed on people in care homes and hospitals.

Although the providers' representatives were aware of the legal changes widening the scope of DoLS, they told us that at the time of the inspection people had not been assessed. We saw for a number of people living in the home, a Deprivation Checklist had been completed in May 2014. However, we noted this was prior to the legal changes and therefore did not encompass new guidelines relating to DoLS.

We noted during our observations that a number of people were not able to leave independently or were under constant supervision. We found no evidence that since the change in legislation people had been assessed in line with DoLS to establish whether they were being deprived of their liberty. The Operations Manager told us there were no DoLS authorisations in place for any of the people living at the home.

This was a breach of Regulation 11 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2010.

We saw that a number of people had MCA assessments in place, however these were dated 2011 and had not been recently reviewed to see if they were still applicable. The Operations Manager told us they had removed a number of the MCA assessments and was going to get them updated and completed again by the nurses at the home. They said, "It's a bigger piece of work that needs to be done. I've took a lot of the assessments out, I'm going to get them done by the nurses." Staff we spoke to were varying in their knowledge and confidence in relation to MCA and best interest decisions. One staff member said, "We do get training on mental capacity and DoLS but I wouldn't feel confident doing any assessments or anything." We

concluded the provider was not operating currently under the MCA as assessments were not in place for people who did not have capacity and all staff did not have the relevant knowledge and skills to support people.

For some people that did not have capacity, we noted care plans were in place to support them whilst living at the home and also on making day to day decisions. We saw for example that some people had a care plan around the decision to live in a long term placement. Although we noted the content was relevant to the individuals, the care plans were the same for each person and did not take into account personal circumstances, or the individuals' capacity to make decisions in specific areas.

This was a breach of Regulation 18 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2010.

Throughout the visit we saw people were offered choices and asked for their permission. For example, around mid-morning people were offered a drink. We saw staff offered everyone a variety of drinks, including tea, coffee and milk shakes. We saw that where people were struggling to make a decision, staff gave them time to do so and also offered support. For example, prompting them and reminding them of the drink they had had the day before.

We spend time observing the lunch time experience on all four floors within the home. We saw a wide selection of food was available for everyone, including those who had special dietary requirements. We observed staff consistently supported people, whilst promoting their independence. Where staff were providing support for people to eat or drink, we saw this was done in a personalised and dignified way, with staff encouraging people throughout.

The majority of people and their relatives were complimentary about the variety and quality of the meals at the home. One relative told us, "I am well fed. There are three different menus, but I don't change my breakfast; there is always something you can enjoy." Other people's comments included, "Generally speaking the meals are good," and, "I like the food, I get to choose. There is a list in the morning, I have cornflakes for breakfast. The food is very good; you can select what you want. You get a lot of choice." A relative told us, "The soup is fabulous."

We found that all care records we viewed had appropriate care plans in place, where required, relating to nutrition. We saw that people who required their food and fluid

## Is the service effective?

intake to be monitored, this was done so in an accurate way. We saw staff monitored closely how much people had eaten, or drank to ensure they received the correct level of support.

The provider's Head of Care told us all new staff received appropriate induction training. This included a period of shadowing an experienced and established colleague before working unaccompanied. The Head of Care told us that all staff undertook an initial induction period and were required to complete their Care Staff Induction Programme within 12 weeks of the commencement of their employment. Staff suitability to perform their role was reviewed regularly, during a six month probationary period and would be extended if required. She also told us the induction programme was currently being reviewed in order to implement improvements in the initial training and induction of new staff.

Staff we spoke with confirmed they had received the training they needed. We saw and staff told us they had undertaken and completed mandatory safe working practices training. For example, safeguarding adults, fire safety, health and safety, moving and handling, infection control, equality and diversity and emergency first aid. We saw training records were kept in an appropriate form and training records and certificates examined confirmed, staff received care related training. For example, medicines management, end of life care and dementia awareness. One care assistant told us, "I have asked for specific training before; end of life care and got it."

Staff we spoke to told us they were supported in their professional development and had access to appropriate training. They told us they had completed a National Vocational Qualification (NVQ) Level two in Health Care. In addition a number of staff members told us they had been supported to complete their Level three NVQ in Health Care.

During our inspection staff told us, and records confirmed that one to one meetings, known as supervisions, as well

as annual appraisals were conducted. However, we noticed that supervision sessions and appraisals had not been conducted for the majority of the 78 staff members employed at the home since the previous manager had left the service in November 2014. Supervision sessions are used, amongst other methods to check staff progress and provide guidance. Appraisals provide a formal way for staff and their line manager to talk about performance issues, raise concerns, or ask for additional training. The provider's Head of Care told us, and records confirmed, that she had identified this issue and had personally commenced supervision sessions with a number of staff during December 2014 and January 2015 and told us all members of staff would have received a supervision session by the end of February 2015. She also told us that appraisals and supervision arrangements were being reviewed by her and the operations manager and these were areas of importance to be addressed when the new manager started with the service in February 2015.

People were supported to keep up to date with regular healthcare appointments, such as dentists, GPs and podiatrists. For example, we saw one person had attended regular dentist appointments, received support to get new dentures and the next check-up was noted in their care documentation to ensure this was not missed.

We saw that where referrals were needed for external professionals to support people this was done in a timely manner. For example, we saw that one person had fallen four times in a two week period and although this was mid-month, this trend was quickly noted and a referral to the falls clinic was made.

We saw the provider had taken extensive time in ensuring the building was suitably designed and equipped to support people who were living with dementia. Throughout the service there was excellent distraction and rummage equipment in rooms and on the walls of the corridors.

# Is the service caring?

## Our findings

Some people, due to their health care conditions, were unable to tell us about their experiences living in the home. However, relatives we spoke with were positive with their comments regarding the care and support their relatives received. One relative said, "They are well fed and looked after," and, "The staff work as a team."

We observed good caring relationships between staff and people living in the home. Staff were seen checking on a regular basis if people needed support. For example, staff noticed that one person started to cross their arms over their chest and quickly asked if they were cold and got them a cardigan. One person commented, "I have never regretted a day of coming here. All the staff are caring and kind; they are very kind and concerned about you," and, "If there is something that you don't want they (staff) respect that."

Throughout the inspection we observed staff acting in a professional and friendly manner and treating people with dignity and respect. We observed staff supporting people and promoting their dignity wherever possible. For example, we saw one person leaving the bathroom having not appropriately dressed themselves. Staff responded quickly and calmly, guiding the person back to the bathroom without any fuss and without drawing unnecessary attention to the incident. Other examples we observed during our inspection was where one person required gentle prompting with her lunchtime meal as they had fallen asleep. We saw this was done in a sensitive manner by one of the carers. We also saw how the carer spent a considerable time helping a resident in her room, telling her exactly what was on each spoonful and also telling her about a religious service which had taken place in the home that morning. One person said, "Staff were great and chatty". Family members we spoke with confirmed that staff treated their relative with respect. One family member said staff were, "Very caring and kind towards, my relative."

We saw people had a care plan which covered how to support their privacy and dignity and described what this looked like for them. We noted this covered areas such as knocking on people's doors, as well as supporting them with personal care. We noted one notice displayed on one person's door informing staff and people 'Personal care in progress.'

We saw people's rooms were personalised. We saw they reflected people's individual taste and were personalised with items from their previous homes. For example, small mementos and personal photographs taken throughout their lives and of family. One person told us, "I am happy with my room. It is pleasant because you get the sun all day; you can have anything changed around."

Relatives we spoke with told us they were involved in the care and support their family member received and we saw documentation in the care records to confirm this. Care records confirmed the involvement of relatives in care planning. This helped to ensure that important information was being communicated effectively and care was planned to meet people's needs and preferences. One relative told us, "The family had a meeting with the manager to discuss our concerns. I am certain our mam's care plan was discussed then." We established the relative's concerns were of a minor issue and not related to their care.

The provider's Head of Care told us, and records confirmed that meetings for people using the home and relatives were usually held every two months. However, we noted no meetings had been held since the previous manager of the home left in November 2014. One relative confirmed to us that relatives meetings were held regularly until November 2014. They said, "I think it is very useful. They give us input; we give them input. The provider's Head of Care told us this was another area of importance which was to be addressed when the new manager started working at the home in February 2015. We saw posters on notice boards around the home advertising relatives meetings for 2015, however, no dates or times had been arranged throughout the year.

We discussed with the Operations Manager what arrangements the service had for advocacy. Advocacy ensures that people, especially vulnerable people, have their views and wishes considered when decisions are being made about their lives and have their voice heard on issues that are important to them. We saw that brief information and contact detail of advocacy services was included in the provider's complaints policy which was displayed around the home. The provider's Head of Care told us advocacy information was available in the service's welcome pack and service user's guides. The Operations Manager told us no people were using an advocacy service at the time of the inspection.

# Is the service responsive?

## Our findings

All the people and relatives we spoke with told us they were aware of the complaints procedure and how to make a complaint. One person told us, "I would speak to the person in charge." A relative commented, "I would speak to the head nurse on the floor and then to the manager."

We saw the service had a complaints policy and procedure. This detailed the process that should be followed in the event of a complaint and indicated that complaints received should be documented, investigated and responded to within a set timescale.

We examined the complaints file for the service and saw five complaints had been received within the previous 12 months. We saw evidence two complaints had been recorded, investigated and resolved, where possible to the satisfaction of the complainant. There was also confirmation that a response had been given to the complainant. However, we saw one complaint received was recorded, but did not accurately reflect the nature of the actual complaint. Whilst the other two complaints had been accurately recorded, there was no evidence or clear records available to confirm the complaints had been investigated and resolved, where possible to the satisfaction of the complainant, or any response had been provided to the complainant. We discussed this with the provider's Head of Care, who informed us she would investigate and address the issues identified.

This was a breach of Regulation 10 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2010.

People had care plans in place that were usually individual to themselves and provided key information for staff on how they should be supported. However, we noted in a number of cases, care documentation was not specific to the person. For example, where the care plan was about something that was common throughout the home, such as, the communal environment. This meant care plans could not be used to support people's individual needs in that circumstance.

We saw that where required people were weighed regularly. People's care plans contained completed body maps and records of treatment and outcomes for people receiving pressure area care.

We found care plans were regularly reviewed and evaluated. We noted GPs, health and social care professionals and relatives were involved in the review process where applicable. We found that people, or their relatives had been regularly involved in the review of care plans. This helped ensure care plans were up to date and accurate. We noted staff regularly noted communication with family members in a family member communication record. This included any updates they had provided, as well as any key information the relatives had shared with the staff.

We noted that a number of people had a 'This is me' document available in their care files. 'This is me' is a leaflet designed by the Alzheimer's society to support people with dementia who may need to go into hospital. It helps to ensure they can receive personal support in unfamiliar places and is intended to provide professionals with information about the person. We saw that where applicable these documents had been completed and covered all aspects of the person's health care needs.

People told us regular activities were organised throughout the home. One staff member told us that some activities took place in the cinema room. They explained this meant people from different floors in the home could take part in the activities together. We saw each floor also had their own activity scheduled so that dedicated time was available to engage people. We noted that even when formal activities were not taking place staff tried to engage people. For example, such as taking part in a sing-a-long DVD. We saw activities advertised around the home for February included coffee mornings, music therapy, a cheese and wine party and a variety of local entertainers who visited the home. Relatives commented the "activities people are wonderful" and the "staff are always accessible". However, one relative did tell us they did not always feel kept up to date and did not always receive a copy of the service newsletter or minutes from relatives meeting. We spoke to the Operations Manager who advised they were available on the notice board, but would ensure the communications were made more openly available in future.

We noted a number of people who were living with dementia had a doll which they cared for throughout the day. This is known as 'doll therapy'. Doll therapy is known to alleviate agitation and distress for people living with dementia. We noted staff respected peoples 'dolls' and

## Is the service responsive?

treat them in a way that people would expect. We saw one person had a care plan which covered how they were to be supported should their behaviour challenge the service. This included information such as the name of their doll and how they wanted to support their doll on a daily basis, for example change their clothes.

We saw a number of compliments had been received by the home throughout the past six months. We saw comments included, 'We've found the staff to be helpful, compassionate and very effective', 'I appreciate the care and support they gave her' and 'I feel very comfortable knowing he is being well looked after.'

# Is the service well-led?

## Our findings

The provider had a Quality Assurance Policy in place which listed the audits and reports that should be done and the frequency of each. We noted a number of these audits were out of date and had not been completed for a number of months. For example, the policy indicated care plan audits needed to be completed weekly and had last been completed on 2 September 2014 and medication audits should be completed monthly and were last completed on 2 September 2014.

The Quality Assurance Policy indicate Quality Assurance Audits should be completed monthly, health and safety audits monthly and surveys sent to external professionals every six months. However we were not able to establish when any of these had last been done.

We saw 'walk about audits' were in place which involved a weekly environmental check of the home. However, we noted this was last completed on 6 January 2015.

This was a breach of Regulation 10 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2010.

The service did not have a registered manager. A manager had been in post since April 2014; however they left the service in November 2014 prior to registering with the commission. We were told a new manager had been recruited and was scheduled to start at the home in February 2015. At the time of the inspection, the provider's Operations Manager and Head of care were based at the home in the interim period, to provide management support and guidance to staff and running the home, pending the arrival of the new manager.

The provider had submitted statutory notifications to the Care Quality Commission. Notifications are changes, events or incidents that the provider is legally obliged to send us within the required timescale. The submission of notifications is important to meet the requirements of the law and enable us to monitor any trends, or concerns.

We saw a relative's survey had been conducted in March 2014 which received eight responses. We saw the results of the survey were mixed and number of concerns had been raised in relation to staffing levels. We did not see however, any action taken by the management at the time; however we reviewed staffing levels as part of our inspection and found appropriate staffing levels in place.

The operations manager and Head of care who were overseeing the home whilst a manager was being recruited, talked us through the checks they had completed to ensure people were receiving appropriate care and support. We noted weights audits had been completed monthly and where required, staff checked the appropriate action had been taken to keep people safe. In addition, we saw that monthly pressure sore audits were completed. As part of the audit, staff checked that care plans supporting pressure care, such as wound management or nutrition, were up to date. In addition the audit also checked that risk assessments had been completed and appropriate supporting equipment was available.

We saw the Operations Manager had recently introduced head of department meetings. These were 10-20 minute meetings attended by the manager, nurses and senior carers, as well as representatives from maintenance and ancillary staff. We saw each meeting covered staffing levels, kitchen, laundry, maintenance and any other issues arising.

We saw records were kept of equipment testing and these included fire alarm and firefighting equipment, electrical appliances, emergency lighting, electro-magnetic door holders. Other equipment and systems were also subject to checks by independent companies or assessors. For example, records showed hoists and medi-baths, passenger lift servicing, gas and electrical checks, fire safety systems servicing and checks were carried out at appropriate intervals. We noted that these were up to date, accurate and were completed regularly.

The provider's Operations Manager told us the service did not currently work with, or have links to other organisations, to develop their knowledge, share good practice and ensure its service was up to date with national best practice standards. For example, memberships with the Alzheimer's Society or Dementia Friends, in order to improve and develop the service provided. Whilst some staff told us they had received dementia awareness training, no staff were familiar with the Dementia Friends Initiative, or were aware if there was an identified 'Dementia Champion' within the staff team at the home. Dementia Friends Champions are individuals who are committed to improving understanding and awareness of dementia.

The majority of staff we spoke with said they felt equipped and supported to carry out their role, despite the recent

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change in management. One staff member said, "I get a sense of achievement when I go home at the end of the shift." Another care assistant told us, "It's a lovely place to work; I thoroughly enjoy it."

Care staff we spoke with told us the current management team were approachable and there had been noticeable recent improvements at the service. A care assistant

commented, "The staff work very well together; there is very good team working. . . Equipment wise, I have asked for things and got them." A senior care assistant told us, "It's picking-up, confidence is back; it's a lot better than before. If I raise something now it's sorted. The morale and the mood has lifted and we're looking forward to the new manager starting; it's a new start."



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 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 Diagnostic and screening procedures Treatment of disease, disorder or injury	Regulation 13 HSCA 2008 (Regulated Activities) Regulations 2010 Management of medicines  <b>People using the service were not protected against the risks associated with the unsafe use and management of medicines in that there were not appropriate arrangements for the handling of medicines</b>  Regulation 13

Regulated activity	Regulation
Accommodation for persons who require nursing or personal care Diagnostic and screening procedures Treatment of disease, disorder or injury	Regulation 10 HSCA 2008 (Regulated Activities) Regulations 2010 Assessing and monitoring the quality of service provision  <b>The provider did not have an effective system in place to identify, assess and manage risks to the health, safety and welfare of people who use the service and others.</b>  Regulation 10 (1)(a)(b).

Regulated activity	Regulation
Accommodation for persons who require nursing or personal care Diagnostic and screening procedures Treatment of disease, disorder or injury	Regulation 18 HSCA 2008 (Regulated Activities) Regulations 2010 Consent to care and treatment  <b>The registered person did not have suitable arrangements in place for obtaining, and acting in accordance with, the consent of service users in relation to the care and treatment provided for them in accordance with the Mental Capacity Act 2005 and the Deprivation of Liberty safeguards.</b>  Regulation 18.

This section is primarily information for the provider

## Action we have told the provider to take

### Regulated activity

Accommodation for persons who require nursing or personal care

Diagnostic and screening procedures

Treatment of disease, disorder or injury

### Regulation

Regulation 11 HSCA 2008 (Regulated Activities) Regulations 2010 Safeguarding people who use services from abuse

**The registered person did not have suitable arrangements in place to protect service users against the risk of such control or restraint being unlawful; or otherwise excessive.**

Regulation 11 (2)(a)(b).

This section is primarily information for the provider

## Enforcement actions

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

Regulated activity	Regulation
Accommodation for persons who require nursing or personal care Diagnostic and screening procedures Treatment of disease, disorder or injury	Regulation 21 HSCA 2008 (Regulated Activities) Regulations 2010 Requirements relating to workers  <b>The registered person did not operate effective recruitment procedures in order to ensure that no person is employed for the purposes of carrying on a regulated activity, is of good character and has the qualifications, skills and experience which are necessary for the work to be performed.</b>  Regulation 21(a).

**The enforcement action we took:**

A warning notice was issued.