

DFA Care Limited

# Darenth Grange Residential Home

## Inspection report

Darenth Hill  
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Kent  
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Tel: 01322224423

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### Ratings

Overall rating for this service

Requires Improvement 

Is the service safe?

**Inadequate** 

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

The inspection was carried out on 18 November 2015 by one inspector. It was an unannounced inspection. The service provides personal care and accommodation for a maximum of 29 older people who live with dementia. The service provides both permanent and respite places. There were 27 people living at the service at the time of our inspection.

There was a registered manager in post. 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 registered manager was supported by a deputy manager and a team of senior carers to ensure the daily management of the service.

We last inspected the service in July 2013 and found the service was not compliant with the regulations. There were shortfalls in seeking consent, providing personalised care and supporting staff. The provider wrote to us to tell us what action they had taken to improve the service. At this inspection we found that some improvements had been made, but shortfalls in the supervision of staff and provision of personalised care remained. There were some breaches of regulations.

The registered provider had not ensured that risks to individuals, and within the premises, were appropriately assessed and minimised, for example the risk of refusing care and the management of emergencies. The premises had not been well maintained and there was a lack of business planning in place to ensure improvements were made.

People's medicines were not always managed in a safe way. Records were not always completed accurately and there was a lack of guidance for staff to follow about when to administer medicines prescribed to be taken 'as required'.

Staff were not appropriately supervised and supported to ensure they carried out their roles effectively and safely. Not all staff had an annual appraisal of their performance in line with the registered provider's policy.

Most of the staff were caring and kind in their approach and demonstrated compassion and patience when supporting people. However, this did not happen consistently. Some interactions between staff and people using the service did not demonstrate respect for the individuals or provide them with compassionate and dignified care. Generally throughout the day staff promoted a person centred culture in the service, but we noted that the culture at mealtimes was task focused more than person centred.

People's needs were not assessed fully and their care was not planned and regularly reviewed in a way that reflected and met their individual needs, preferences, and social history.

The registered provider had not ensured accurate and complete records were maintained in relation to people's needs, the care provided and the running of the service. This meant that staff and the registered manager could not be assured that people had been provided with the care they needed.

The registered provider did not have effective systems in operation for checking and improving the quality and safety of the service. There were a number of shortfalls found in this inspection that had not been identified through the registered provider's quality monitoring systems.

Staff were trained in recognising the signs of abuse and knew how to refer to the local authority if they had any concerns. Systems were in place to protect people from abuse. Staff showed they understood the need to meet the emotional needs of people living with dementia as well as their physical needs.

Equipment used for the provision of care was appropriately maintained. Accidents and incidents were monitored and action taken to reduce the risk of them happening again.

There were enough staff employed, with the right skills and experience, to meet people's needs. The registered provider ensured appropriate checks were made before new staff started work to ensure they were suitable to care for people. One staff file did not contain a copy of their reference.

Staff were provided with training appropriate to their roles and had the opportunity to complete a relevant health and social care qualification.

People had their health needs met by a team of health care professionals. Staff supported people to access the care they needed. Staff took necessary precautions to reduce the risk of people acquiring an infection in the service.

People's consent to care and treatment was sought. In situations where people were unable to make their own decisions staff adhered to the principles of the Mental Capacity Act.

People were provided with sufficient food and drink to meet their needs. Staff understood how to meet the nutritional needs of people with specific dietary requirements and those at risk of malnutrition.

The premises provided space and facilities that met the needs of the people that lived there, however it had not been designed for the specific needs of people living with dementia. We have made a recommendation about this.

Staff knew people well and knew some information about their families and personal histories. However, there was little written information about people's lives and backgrounds for staff to use when planning their care. This meant that people were at risk of receiving inconsistent care as staff based their approach with people on their own knowledge of their personality and background. We have made a recommendation about this.

People were involved in decisions about their day to day lives and their care. People's privacy was respected and people were supported in a way that respected their independence. The staff promoted people's independence and encouraged them to do as much as possible for themselves.

The service provided a variety of social opportunities for people. People said they enjoyed the social opportunities and entertainment provided.

People's views were sought and acted upon. The registered manager sent questionnaires regularly to people to obtain their feedback on the quality of the service. The results were analysed and action was taken in response to people's views. The registered manager took account of people's comments and suggestions. People knew how to make a complaint and felt confident to do so.

The registered provider and the registered manager understood their legal responsibilities. They had notified the Care Quality Commission of any significant events that affected people or the service.

## 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.

People were not supported to manage their medicines in a safe way.

The premises were not well maintained and there was a lack of planning to ensure improvements were made.

Risks to individuals, and within the premises, had not been appropriately assessed and managed.

Staff were trained in the safeguarding of vulnerable adults and were knowledgeable about recognising the signs of abuse.

There were sufficient numbers of suitable staff on duty to safely meet people's needs.

People were protected against the risk of acquiring an infection in the service.

**Inadequate** ●

### Is the service effective?

The service was not consistently effective.

Staff were not appropriately supported or supervised to ensure they were competent in carrying out their roles.

Staff were provided with training appropriate to their roles. Staff had completed a relevant health and social care qualification.

The registered provider was meeting the requirements of the Mental Capacity Act 2005.

People were referred to healthcare professionals promptly when required and staff worked in partnership with them to meet their health needs.

The premises and facilities met the needs of the people using the service, but could be improved to reflect the specific needs of people living with dementia.

**Requires Improvement** ●

### Is the service caring?

The service was not consistently caring.

Most staff were caring and kind in their approach. However, this did not happen consistently. Some interactions between staff and people using the service did not demonstrate respect for the individuals or provide them with compassionate and dignified care.

Staff knew people well, but information about their backgrounds, personality and interests was not used effectively when planning their care.

Staff respected people's privacy and promoted people's independence.

**Requires Improvement** ●

### Is the service responsive?

The service was not consistently responsive.

People's needs were not assessed fully and their care was not planned and regularly reviewed in a way that reflected and met their individual needs, preferences, and social history.

People knew how to complain and people's views were listened to and acted upon.

**Requires Improvement** ●

### Is the service well-led?

The service was not consistently well-led.

The registered provider had not ensured that the service consistently reflected the principles of person centred care.

The registered provider did not have effective systems in operation for checking and improving the quality and safety of the service. There were a number of shortfalls found in this inspection that had not been identified through the registered provider's quality monitoring systems.

The registered provider had not ensured accurate and complete records were maintained.

**Requires Improvement** ●

# Darenth Grange 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 checked whether the provider is meeting the legal requirements and regulations associated with the Health and Social Care Act 2008, to look at the overall quality of the service, and to provide a rating for the service under the Care Act 2014.

This inspection was carried out by one inspector on 18 November 2015 and was unannounced.

Before our inspection we looked at records that were sent to us by the registered manager or social services to inform us of significant changes and events. We reviewed our previous inspection reports. During the inspection we looked at records held in the service including those relating to people's care, staff management and the quality of the service. We looked at three people's assessments of needs and care plans and observed to check that their care and treatment was delivered accordingly.

We spoke with people during the inspection visit and on the telephone following the visit. We spoke with four people who used the service and three people's relatives to gather their feedback. We also spoke with the registered manager and four members of staff.

## Is the service safe?

### Our findings

People and their relatives told us that they felt safe using the service. One person said, "I feel comfortable here, they treat me well." A relative told us, "I'm not worried about X being here, I think they provide good care." Another relative told us, "I am quite sure X is safe and would say so immediately if I felt otherwise."

People said there were enough staff to meet their needs. One person said, "They always come to help when I need them." Another said "There seems to be enough of them around." A relative told us "It goes up and down really, most of the time they have enough, but sometimes they seem really rushed." Another relative told us, "They could always do with more staff, but I haven't seen people waiting for excessive lengths of time for care."

People told us that they received their prescribed medicines when they needed them. They said that they were offered pain relieving medicines if they needed them.

People and relatives we spoke with said they felt that although the premises provided good space and facilities it had become "Run down in places" and "It could do with a lick of paint, but it is comfortable." One relative we spoke with told us that areas of the carpets were "Filthy, especially through to the kitchen area". People said that their bedrooms were comfortable and the home was maintained at an appropriate temperature.

When we visited we found the premises had not been well maintained. Whilst there were no serious risks to people using the service the lack of planning for the ongoing maintenance of the building placed people at potential risk of harm. For example, areas of carpet around the home were worn and heavily stained, particularly in one hallway and in the area by the offices and kitchen. This could place people at risk of tripping and did not ensure a clean and hygienic environment. Old and damaged furniture and equipment was stored outside the front of the premises and, externally, the window frames had peeling paint and were rotting in some areas. There was an area of skirting with missing tiles in one bathroom and areas of peeling paint and damaged flooring. This made it difficult for domestic staff to ensure the premises were kept clean and hygienic. One bathroom had a missing ceiling panel which left wiring hanging down into the room. The registered manager told us that there were plans to carry out refurbishment of areas of the service, but there was no operational refurbishment and maintenance plan which incorporated timescales for completion. The registered manager said that the dining room and laundry were to be redecorated before the end of 2015 and that they intended to replace the stained and worn carpets, but there was no plan in place to demonstrate this.

The registered provider had a policy that required a health and safety audit of the premises was to be completed monthly. Records showed that this had been completed monthly until August 2015, but had not been completed since then. The audits had not identified the issues above or triggered an action plan to address the required areas of refurbishment within the premises.

The registered provider had not ensured the premises were suitably maintained. This is a breach of

Regulation 15 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

There was a procedure in place for the evacuation of the premises in the event of an emergency, for example a fire, and people had individual evacuation plans based on their personal needs. However, the service did not have an appropriate business contingency plan for such emergencies including identifying temporary accommodation for people in the event of the premises becoming uninhabitable. The registered manager had ensured that the fire safety system was serviced and checked regularly, however they had not taken appropriate action where shortfalls were found. It had been identified on the fire safety checks each month from February 2015 that emergency lighting in three areas of the premises were not working. The registered manager was not aware that the lights required repair. Staff confirmed that the emergency lights were still not working.

Risks to individuals and staff had not always been assessed and effective plans had not been put in place to minimise the risks of harm. One person was regularly refusing personal care and became agitated which placed staff and themselves at risk of harm. They were also at risk of skin breakdown as they were often not accepting personal care. The registered manager had not carried out an assessment of these risks or established a plan to ensure that staff responded in a consistent way that met the person's need and kept people safe. A person who had a diagnosis of diabetes had refused eye tests and foot care, but the risks this presented, related to their specific condition, had not been assessed or minimised.

Risks to people's welfare and safety were not appropriately assessed or managed to ensure they were minimised. This was a breach of Regulation 12 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

The risk of skin breakdown for people with reduced mobility had been assessed and staff understood what action they needed to take to help people regularly change their position to avoid developing pressure ulcers. Pressure relieving equipment was sourced and we saw this was used appropriately. Staff monitored people's fluid intake when they had a change in need or if there was a concern.

People's medicines were not consistently managed so that they received them safely. The service had a policy for the administration of medicines that was regularly reviewed. Staff had received appropriate training and checks of their competence to administer medicines safely. However, not all staff followed safe practice for recording the medicines people had taken. Records showed that staff had, in three instances, signed to confirm a person had taken their medicines before they had done so. When the person had then refused their medicine they had amended the record to show the refusal. This is not safe practice as it increases the risk of staff making an error in the completion of accurate medicine records. We observed medicines being given to people and saw that staff did not explain to people what the medicines were or what they were being given for. People were prescribed some medicines for use 'as required' but there was a lack of guidance for staff to follow to ensure these medicines were administered at an appropriate time. For example, a person had been prescribed a medicine to be taken if required before personal care was provided to relieve agitation. There was no guidance for staff to follow to administer this medicine and staff and records confirmed this had not been used. The registered provider did not record the receipt and administration of medicines classified as 'controlled drugs' appropriately in a hard bound register. All medicines were stored securely and at the correct temperature to ensure that they remained fit for use.

People could not be assured that their medicines were managed in a safe way. This was a breach of Regulation 12 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

Staff were trained in recognising the signs of abuse and knew how to refer to the local authority if they had

any concerns. Staff training records confirmed that their training in the safeguarding of adults was current. The members of staff we spoke with demonstrated their knowledge of the procedures to follow that included contacting local safeguarding authorities and of the whistle blowing policy should they have any concerns. Staff confirmed that they would feel confident to report any concerns directly to the manager or anonymously to other agencies using the whistleblowing procedure if needed. The registered manager understood the procedure for reporting safeguarding concerns to the local authority for investigation and had done so recently, however they had not followed these up to ensure they understood what action the local authority was taking. The registered manager followed this up with the local authority after the inspection visit and confirmed the status of the investigation with us.

Equipment for helping people to move safely, such as hoists and wheelchairs, was maintained in good order and had been checked and serviced at appropriate intervals to make sure it was safe to use. Water temperature checks were completed each month to ensure people were not at risk of water that was too hot. Portable electrical appliances were serviced regularly to ensure they were safe to use. People's call bells were checked and regularly maintained. The premises provided security through the use of CCTV and people were provided with lockable facilities to keep their belongings.

Accidents and incidents were recorded and monitored by the registered manager to ensure hazards were identified and reduced. They included measures to reduce the risks and appropriate guidance for staff. Action had been taken, such as referring people to the falls clinic, where required to reduce the risk of recurrence.

There were sufficient staff on duty to meet people's needs. In addition to care staff the registered manager employed an activities coordinator, a cook, kitchen assistants, housekeepers and a maintenance worker. The rotas showed that the required numbers of staff for each shift had been provided to ensure people's needs were met. Staff told us they felt there were enough staff on duty to meet people's needs. When staff were on training or holidays the shifts were usually covered by permanent staff who worked additional hours, however some agency staff had been used. Where agency staff had been employed the appropriate checks of their suitability and skills to work in the service had been made. There were enough staff available to respond to people's needs and requests within a reasonable time.

Staff recruitment practices were generally thorough. Staff records showed that, before new members of staff were allowed to start work, checks were made on their previous employment history and with the Disclosure and Barring Service (DBS). A DBS check helps employers make safer recruitment decisions and prevent unsuitable people from working with people who require care and support. However, we found that one staff file did not obtain evidence that a reference from their previous employer had been obtained. The registered manager contacted the person's previous employer during the inspection to request a replacement copy. All staff received an induction and shadowed more experienced staff until they could demonstrate a satisfactory level of competence to work on their own. They were subject to a probation period before they became permanent members of staff. Disciplinary procedures were followed if any staff behaved outside their code of conduct. This ensured people and their relatives could be assured that staff were of good character and fit to carry out their duties. We recommend that the registered provider make checks to ensure that all staff files contain evidence of appropriate recruitment checks.

Staff had a thorough understanding of infection control practice. They described the measures that were taken to ensure that the service was kept free from the risk of infection. The service held a policy on infection control and practice that followed Department of Health guidelines and helped minimise risk from infection. The laundry was clean and well ordered. Staff followed safe procedures to manage soiled laundry to ensure the risks of infection were minimised. Staff washed their hands and encouraged people to wash their hands

after using the toilet and before meals. Protective Personal Equipment (PPE) such as gloves and aprons were readily available and staff wore PPE when appropriate. Systems were in place for the safe removal of clinical waste and we saw staff used these systems effectively. Housekeeping staff confirmed that mattresses were protected, could be easily cleaned and that routine cleaning of mattresses took place at least monthly. As the staff took necessary precautions, people's risk of acquiring an infection were reduced.

## Is the service effective?

### Our findings

People and their relatives told us that they felt the staff were trained to meet their needs. One person said, "They are all very good, they help me when I need it." A relative told us, "I am confident they know what they are doing." Another relative said "I have seen the staff help X move around and they seem confident."

People said they could see health professionals such as a doctor, chiropodist or optician when they needed to. People said they enjoyed the meals provided and had a choice of food and drink.

Staff were not provided with appropriate supervision and appraisal of their competence to carry out their roles. The registered provider's policy for the supervision of staff required that all staff have a supervision meeting with their line manager at least every eight weeks. Records showed that this had not been carried out and that supervision sessions for staff were infrequent and inconsistent. Of 30 staff employed nine had only had two supervision sessions during 2015 and nine had only had one supervision session. Three staff members had not received a supervision session at all during 2015. 22 members of the staff team had not had an annual appraisal of their performance with their manager. Staff told us that they could speak with their manager if they had any concerns, but confirmed they did not have regular opportunities to evaluate their performance with their manager.

Staff did not have their performance reviewed at regular intervals by the registered manager to ensure they were skilled and competent to carry out their roles effectively. This was a breach of Regulation 18 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

Staff had appropriate training to support people and meet their individual needs. Staff confirmed they had received a comprehensive induction and had demonstrated their competence before they had been allowed to work on their own. The registered manager was aware of the requirement for staff to undertake the Care Certificate, or equivalent, which is an assessment based learning programme designed for all staff starting to work in care roles. Records showed that all essential training was provided and updated as required and that staff had the opportunity to receive further training specific to the needs of the people they supported, such as dementia, palliative care and bereavement. Staff told us that they were provided with sufficient training to carry out their roles. All staff had completed a relevant health and social care qualification and newer staff were registering to do so after they had completed their induction. Staff were able to show that they applied the skills and knowledge obtained in training to their everyday practice, with the exception of the safe administration of medicines, to ensure they provided effective and safe care.

The Mental Capacity Act 2005 (MCA) provides a legal framework for making particular decisions on behalf of people who may lack the mental capacity to do so for themselves. The Act requires that as far as possible people make their own decisions and are helped to do so when needed. When they lack mental capacity to take particular decisions, any made on their behalf must be in their best interests and as least restrictive as possible. People can only be deprived of their liberty to receive care and treatment when this is in their best interests and legally authorised under the MCA. The application procedures for this in care homes are called the Deprivation of Liberty Safeguards (DoLS).

We checked whether the service was working within the principles of the MCA, and whether any conditions on authorisations to deprive a person of their liberty were being met. The registered provider had followed the requirements of the MCA and had made appropriate applications under DoLS. Two applications had been authorised with no conditions. The registered provider had properly trained and prepared their staff in understanding the requirements of the Mental Capacity Act in general and the specific requirements of the DoLS. Written consent had been sought and obtained in a variety of areas and had been recorded on individuals care plans. Staff sought people's consent before providing care and treatment.

People were provided with sufficient food and drink to meet their needs. The menu catered for a range of dietary needs including vegetarian options and meals suitable for people with a range of specific health conditions, such as diabetes. People at risk of poor nutrition were regularly assessed and monitored using the Malnutrition Universal Screening Tool (MUST). 'MUST' is a five-step screening tool to identify adults, who are malnourished, at risk of malnutrition, or obese. Staff had been trained in the use of this tool. People's care plans showed that dietary advice and guidance given by professionals was followed by staff. Staff provided people with hot drinks when they requested them and offered tea and coffee at various points of the day. Jugs of cold drinks were available in the lounges for people to help themselves. People were offered second helpings at mealtimes and were supported to have sufficient to eat and drink.

People's wellbeing was promoted by regular visits from healthcare professionals. Staff enabled people to see their GPs regularly as needed to promote good health. An optician visited people annually and a chiropodist visited every six weeks to provide treatment. People were supported to see a dentist when necessary. Where people required input from a healthcare specialist this had been arranged. Staff ensured that people's health appointments were made when they needed them and that they were supported to attend these. People had the opportunity to undertake a weekly armchair based exercise class to promote their health and wellness. We reviewed the care plans of two people who had diabetes. We saw that their blood sugar levels were monitored and recorded and that medication was given in line with their care plans. The service was involved in an NHS trial to use a system called the 'Medicare hub' which allowed them to seek advice, through the use of a video link, directly from their local hospital team. Staff told us this enabled them to respond much more quickly to people's health needs, especially when there were delays in being able to access appointments with individual's GP's. People had their health needs planned for and met.

The premises provided space and facilities that met the needs of the people that lived there, however it had not been designed for the specific needs of people living with dementia. The registered manager told us that the needs of the people living with dementia were increasing and as such we recommended that they review the décor and layout of the premises in line with relevant guidance about dementia friendly environments. Accommodation was designed to allow people to move safely around the premises. Handrails were fitted to allow people to stabilise when moving around. There was a shaft lift to enable people to move between floors. There were sufficient toilets and bathrooms across the service for people to use. Bedrooms were personalised and people had been able to bring items of furniture and personal belongings from home if they wished to. The garden was provided a safe and well maintained area for people to use. We recommend that the registered provider follow relevant good practice guidance about the provision of dementia friendly environments.

## Is the service caring?

### Our findings

People and their relatives told us that the staff were kind and compassionate and they said they felt well cared for. One person said, "They are very nice and they treat us kindly." Another said, "I have no problems with the carers, they're all lovely." One person's relative told us that the end of life care their relative had received had been caring and compassionate. People told us they were able to make decisions about their care and how they spent their time. People told us that staff respected their decisions.

People told us their friends and relatives could visit at any time and were made to feel welcome. People were supported to maintain their personal relationships and share a room with their partner if they chose to.

Most of the staff were caring and kind in their approach and demonstrated compassion and patience when supporting people. However, this did not happen consistently. During the lunchtime meal a staff member called a person a 'mucky pup' and said to another, in an abrupt way, "Wipe your face, no not with your hands", however napkins were not provided on the table for the person to wipe their chin. This did not demonstrate respect for the individuals or provide them with compassionate and dignified care. This was a breach of Regulation 10 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

The rest of the interactions we saw were positive and respected people's individuality. Staff offered people choices and respected the decisions they made. Staff did not rush people; they took care to provide support at an appropriate pace to meet people's needs. For example, staff helping a person to move using a walking frame let them take the lead in the pace and reassured them that they need not rush. Staff involved everyone in conversations and did not speak over people. They addressed people by the name they preferred and were polite when speaking with them. Staff provided reassurance to people who were distressed or disorientated in a warm way. They showed they understood the need to meet the emotional needs of people living with dementia as well as their physical needs.

Staff knew people well and knew pieces of information about their families and personal histories. However, there was little written information about people's lives and backgrounds for staff to use when planning their care. It was apparent that different staff knew different pieces of information about people that could be valuable when planning their care, for example about their previous occupation, but this had not been collated and recorded. This meant that people were at risk of receiving inconsistent care as staff based their approach with people on their own knowledge of their personality and background. One person's family had created an 'All about me' folder with photos and significant information about the person's life and family. Staff said that this had helped them engage with the person. The deputy manager said that they were intending to ask other family members to help develop these for each person. We recommend that people be asked, as part of the admission process, for information about their background, life history and significant events to inform the planning of their care.

People were involved in decisions about their day to day lives and their care. People and their representatives had been involved in planning their care. No one in the home was receiving advocacy

services at the time of our inspection, but information was available to people should they require this service. There were examples where people had made the decision to refuse care and staff had respected their decision. Staff promoted people's independence and encouraged people to do as much as possible for themselves, for example by helping themselves to drinks and mobilising as independently as possible.

People's right to privacy was respected. Staff knocked on people's bedroom doors, announced themselves and waited before entering. People's records showed that they had been asked about their preference for a male or female member of staff for their personal care and staff knew who had particular preferences. People were assisted with their personal care needs in a way that respected their dignity. People's records were stored securely in an office area. Staff did not discuss people's personal information in front of others. Staff respected people's privacy and confidentiality.

## Is the service responsive?

### Our findings

People told us that the service was flexible and provided care that met their needs. One person said "They ask me how if I want to join in activities, they ask me what I want to eat and they ask me if I need any help. When I do they provide it. That's all fine by me." A person's relative told us, "They have been quite good at doing what we need them to do really." People told us that their care was delivered in the way they preferred.

People knew how to make a complaint. One person said, "I could speak with the Manager if I had a problem, but any of the staff would be happy to help." Another person said "I have no complaints, but I'd be happy to report any problems if I did." People's relatives knew how to make a complaint if they needed to and said they would be confident to do so.

Each person's needs had been assessed before they moved into the service, but the assessments did not always cover all areas of need identified on the assessment form. For example, in two care plans we saw there were blank sections relating to family history, how their diagnosis of dementia presented, interests and preferences and psychosocial needs. Consequently, the care plans lacked personalisation and did not provide staff with guidance on how to meet their needs in a personalised way. Care plans lacked guidance for staff to follow to respond to the symptoms people living with dementia experienced. This could be guidance for staff in how to respond to confusion or how to reassure a person who is distressed. For example, one person's care plan recorded that they had some memory loss, but there was no written plan to guide staff in responding. This meant that staff could not be consistently responsive to people's individual needs.

Staff knew information about people's lives, for example their previous occupation, but this information had not been recorded so that it could be shared with others in the team and there was no evidence that the information had been considered when planning their care or occupational activities. For example, staff told us that one person used to work in an administrative role and always enjoyed any opportunity to undertake administrative based tasks. Their care plan did not include this information to ensure they were offered appropriate activities that would meet this interest and skill. This meant that people were not given the opportunity to use their skills and interests in a way that enabled them to undertake valued or interesting activities.

Care planning and individual risk assessments had not been reviewed regularly to ensure they were up to date and met people's needs. One person's plan was due to be reviewed in June 2015, but this had not happened. Another person's care plan was due to be reviewed in August 2015, but again this had not taken place. The deputy manager held a book where staff could record changes in people's needs so that the care plans could be updated by the deputy manager. This had not been consistently acted upon. This meant that staff did not always have up to date care plans to follow, for example one person had begun to refuse personal care, but their plan had not been updated to reflect this or provide guidance for staff to follow to respond.

People's needs were not assessed fully and their care was not planned and regularly reviewed in a way that reflected and met their individual needs, preferences, and social history. This was a breach of Regulation 9 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

Generally throughout the day staff promoted a person centred culture in the service, but we noted that the culture at mealtimes was task focused more than person centred. During the lunchtime meal staff stood around people waiting for them to finish their meals rather than taking the opportunity to sit and chat with them. When people needed assistance one staff sat next to the person to help them, but another helped a person from over their shoulder. This did not create a relaxing environment for people to enjoy their meal or promote socialisation over the meal table. We recommend that the registered provider review the mealtime arrangements to ensure it reflects the person centred values of the service.

Whilst staff were not always provided with clear guidance about how to meet people's needs in a personalised way we did see that staff were responsive to people's care and health needs. They noticed when people needed assistance with their personal care needs or meals and provided support swiftly. Records showed that staff were responsive to people's health needs. Action had been taken to seek advice from health professionals when people had become unwell or their needs had changed.

The service provided a variety of social opportunities for people, mainly within the home. During the inspection visit an 'Elvis' tribute singer was entertaining people in the lounge. Most people had chosen to join in and staff supported people to get up and dance if they wished. People were enjoying the activity, singing along and dancing. People we spoke with said they enjoyed the musical entertainment that was provided each month.

A regular music for health session was provided and church services, covering a range of religions, were provided. People had the opportunity to visit the hairdresser that came to the home each week or they could make an appointment to see one of their choice in the local community. Staff told us about a number of social activities in the local community people had been supported to take part in including trips to the coast, shopping trips and meals out. A group of people had gone to a local garden centre on the day of the inspection visit to see the Christmas displays and have coffee. A Christmas show was booked for people to attend.

People's views were sought and listened to. The provider held regular residents' and relatives meetings where people and their families were able to discuss matters of importance to them with staff. The service sent a series of annual questionnaires to people's relatives or representatives to gather their views on the care and support provided, activities, the food, the environment and management. The results of the most recent survey, carried out in May 2015 had been collated by the registered provider and a feedback report produced which outlined the action that would be taken in response to the suggestions made. This included the installation of new boilers and sharing information about people's allocated keyworker (member of staff with key responsibility for a person).

People knew how to make a complaint. They told us they felt confident to raise any concerns and felt the registered manager would take them seriously. There was a complaints procedure that was displayed in the service which directed people to make written complaints to the registered provider. People told us they did not have cause to complain. Complaints had been handled appropriately and responded to quickly.

## Is the service well-led?

### Our findings

People told us they were satisfied with the service they received. One person said, "It is very good here." People said the registered manager was easily accessible and approachable. Feedback from some relatives was that the registered provider had not listened to their concerns about the maintenance of the premises.

The registered provider had not ensured accurate and complete records were maintained in relation to people's needs, the care provided and the running of the service. There were gaps in records about when people were provided with a bath or shower. Four people's records we looked at showed no entry for 15 days. People's care plans had not always been updated to reflect changes in their needs. This meant that staff and the registered manager could not be assured that people had been provided with the care their needed.

Accurate and complete records, for the purpose of providing care, were not maintained. This was a breach of Regulation 17 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

People's records were stored securely. Computer records were secure with restricted access to members of the management team.

The registered provider did not have effective systems in operation for checking and improving the quality and safety of the service. Monthly checks of the safety of the premises had not always been made in line with the registered provider's policy. Where shortfalls had been identified action had not always been taken to rectify these, for example in relation to the emergency lighting that had not been working for ten months. There was a lack of effective business planning to ensure the ongoing maintenance of the premises and this left areas of the service worn and potentially unsafe.

The registered provider did not have in place an effective system for reviewing and updating individuals care plans to ensure they met their changing needs. Where changes had been identified this had not always triggered a review of the plan. This meant that staff did not have access to accurate information about people's needs or clear plans to meet them. The registered provider had not identified that the system for the supervision and appraisal of staff performance was failing. We saw examples of staff practice that did not demonstrate person centred care, however effective systems were not in place for the registered provider to monitor staff practice and make improvements to the culture of the service.

The registered manager spoke with everyone using the service each day when they arrived. Feedback was sought from people and their relatives through the annual quality survey and action was taken to respond to their comments. However, some relatives did not feel their concerns about the maintenance of the premises were heard. Staff attended a team meeting twice a year where they could raise concerns or make suggestions for improvements to the service.

The registered provider did not have effective systems in operation for checking and improving the quality and safety of the service people received. Systems for ensuring people's care met their changing needs were

not always effective. This was a breach of Regulation 17 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

There was a set of policies and procedures that were appropriate for the type of service, reviewed annually, up to date with legislation and fully accessible to staff. Staff had signed to confirm they had understood the policies relevant to their role. Staff were confident in their roles and knew what support people needed.

The registered manager told us they used relevant social care websites such as Skills for Care and the Social Care Institute for Excellence to stay up to date with changes in legislation and good practice guidance. We saw that they had researched the Care certificate in preparation for use with new members of staff as part of their induction. The registered manager understood their legal responsibilities and consistently notified the Care Quality Commission of any significant events that affected people or the service and promoted a good relationship with stakeholders.

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	<p>Regulation 9 HSCA RA Regulations 2014 Person-centred care</p> <p>People's needs were not assessed fully and their care was not planned and regularly reviewed in a way that reflected and met their individual needs, preferences, and social history.</p> <p>Regulation 9(3)(a)(b)</p>
Accommodation for persons who require nursing or personal care	<p>Regulation 10 HSCA RA Regulations 2014 Dignity and respect</p> <p>Staff did not consistently demonstrate respect for the individuals or provide them with compassionate and dignified care.</p> <p>Regulation 10(1)</p>
Accommodation for persons who require nursing or personal care	<p>Regulation 12 HSCA RA Regulations 2014 Safe care and treatment</p> <p>Risks to people's welfare and safety were not appropriately assessed or managed to ensure they were minimised.</p> <p>People's medicines were managed in a safe way.</p> <p>Regulation 12 (1)(2)(a)(b)(d)(g)</p>
Regulated activity	Regulation

Accommodation for persons who require nursing or personal care

Regulation 15 HSCA RA Regulations 2014  
Premises and equipment

The registered provider had not ensured the premises were suitably maintained.

Regulation 15(1)(a)(e) 15(2)

### Regulated activity

Accommodation for persons who require nursing or personal care

### Regulation

Regulation 17 HSCA RA Regulations 2014 Good governance

The registered provider had not ensured accurate and complete records were maintained in relation to people's needs, the care provided and the running of the service.

The registered provider did not have effective systems in operation for checking and improving the quality and safety of the service people received. Systems for ensuring people's care met their changing needs were not always effective.

Regulation 17 (2)(a)(b)(c)(d)(f)

### Regulated activity

Accommodation for persons who require nursing or personal care

### Regulation

Regulation 18 HSCA RA Regulations 2014 Staffing

Staff did not have their performance reviewed at regular intervals by the registered manager to ensure they were skilled and competent to carry out their roles effectively.

Regulation 18(2)(a)