The Worthies Residential Care Home Limited

The Worthies

Inspection report

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Ratings

Overall rating for this service	Requires Improvement

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

Summary of findings

Overall summary

The Worthies provides personal care and accommodation for up to 26 older people. At the time of our inspection there were 25 people living at the home.

This was an unannounced inspection, which meant the staff and provider did not know we would be visiting. This inspection took place on the 20 and 21 September 2017. This inspection was brought forward because we had received concerns from a whistle blower. The concerns related to how people were being cared for, the culture of the home and some environmental concerns. Some of the concerns were substantiated. However, it was evident that the provider and registered manager had taken action and had addressed some of these concerns prior to the inspection.

A registered manager was in post at the time of our inspection. 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 home is run.

At the last inspection in October 2016, the service was rated good overall, with improvements needed to ensure people were safe. This was because we did find some recording omissions and inaccuracies in regards to people's medicines. There were no breaches of regulation.

During this inspection, we found people's medicines were still not managed safely, in respect of the administration and the disposal of pain patches. We also found that a person that was at risk of choking was not being provided with a suitable textured diet and thickened drinks to reduce these risks. We also brought to the provider's attention some environmental issues in respect of hot water, which could pose a scalding risk to people, a loose handrail leading down some stairs and a slight odour in parts of the home. There was also a lack of signage where there was low headroom leading down from the stairs. Whilst action had been taken to address these concerns, the provider's own checks had not identified these shortfalls with prompt action being taken.

People were receiving care that was effective and responsive to their changing needs. Care plans were in place that described how the person would like to be supported and these were kept under review.

People had access to healthcare professionals when they became unwell or required specialist help. People were encouraged to be independent and were encouraged to participate in activities in the home and the local community.

People were treated in a dignified, caring manner, which demonstrated that their rights were protected. People confirmed their involvement in decisions about their care. Where people lacked the capacity to make choices and decisions, staff ensured people's rights were protected. This was done by involving relatives or other professionals in the decision making process.

Staff were knowledgeable about the people they were supporting and spoke about them in a caring way. Staff had received suitable training enabling them to deliver safe and effective care. People were protected because staff went through a thorough recruitment process.

Staff confirmed they received support and guidance from the management of the service. Sufficient staff supported people living at The Worthies and this was kept under review. People's views were sought about the service. There was a programme of change, which included refurbishment of the environment and developing the skills of the staff to improve the way they supported people living with dementia. They were supported by the Dementia Wellbeing Service in introducing these changes.

We found three breaches of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014. You can see what action we told the provider to take at the back of the full version of this report.

The five questions we ask about services and what we found

We always ask the following five questions of services.

Is the service safe?

Requires Improvement

The service was not always safe. This was because people's medicines were not always managed safely. People may not be safe in the event of a fire, as staff had not taken part in regular fire drills. People also may be at risk because advice from professionals had not been followed in relation to minimising the risks from choking.

People could be assured where an allegation of abuse was raised the staff would do the right thing. Staff felt confident that any concerns raised by themselves or the people would be responded to appropriately in respect of an allegation of abuse.

People were supported by sufficient staff to keep them safe and meet their needs.

The home was clean. However, in some areas of the home there was a slight odour. Staff knew what they had to do to minimise the risks of cross infection.

Is the service effective?

Good

The service continues to provide an effective service.

Is the service caring?

Good

The service continues to be caring.

Is the service responsive?

Good

The service continues to be responsive.

Is the service well-led?

Requires Improvement

The service was not always well led. The quality of the service was regularly reviewed by the provider/registered manager and staff. However, the checks that been completed had not identified shortfalls in the monitoring of medicines and other areas found at this inspection.

People's views were sought to improve the service. Staff were clear on their roles and the aims and objectives of the service

and supported people in an individualised way.

The staff and the registered manager worked together as a team. Staff were well supported by the management of the service.

The Worthies

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 an updated rating for the service under the Care Act 2014.'

Before the inspection we had received concerns from a whistle blower in relation to the environment, the lack of person centred care and support to people and how one person was supported with eating and drinking. As part of this comprehensive inspection, we looked at these areas of concerns.

This was an unannounced inspection, which was completed on 20 and 21 September 2017. The previous inspection was completed in October 2016. There were no breaches of regulation at that time. However, improvements were needed in relation to the safe handling of medicines. The service was rated overall as good during that inspection.

The inspection team included an adult social care inspector 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.

We did not ask the provider to complete a Provider Information Return (PIR). This is a form that asks the provider to give some key information about the service, what the service does well and improvements they planned to make. This was because we brought the inspection forward.

We reviewed the information we held about the home. This included notifications, which is information about important events, which the service is required to send us by law.

We contacted two health and social care professionals to obtain their views on the service and how it was being managed. You can see what they said about the service in the main body of the report.

We looked at three people's care records to see if they were accurate and up to date. We also looked at records relating to the management of the service. These included staff rotas, training records and audits

that had been completed.

We spoke with the registered manager, four care staff, nine people who used the service, three relatives, and the provider. We also had an opportunity to speak with a visiting health care professional.

Requires Improvement

Is the service safe?

Our findings

Everyone we spoke with told us they felt safe living at The Worthies. People told us, "The accommodation is fine. Nothing wrong with it at all. It is clean. Yeah it's fine", "There's a good atmosphere here", "It is safe living here. It is like home to me", and, "I feel safe here. Yes it's very clean". Visitors told us, they felt their relative was safe and well looked after by the staff.

We found at the last inspection there were some improvements required to ensure the management of medicines was safe. During this inspection, we found people's medicines were still not always managed safely. One person had been prescribed a medicine to be taken twice a day. This person had only been receiving this medicine once a day from the 28 August to the 20 September 2017. The registered manager was unable to tell us why this error had occurred. This was immediately rectified including making contact with the person's GP for advice. Whilst the staff had not seen any ill effects of not taking the medicine, this could have had an impact on the well-being of the person with an increase in epilepsy seizures. We checked another person's medication and the stock indicated that they had not received their medicines on one occasion. This was because when we counted the stock, there were two surplus tablets. Disposal of medicines was not always in line with good practice. This was because used pain patches were loosely being stored in the cupboard for medicines that require additional security. This was also an infection control risk. This was rectified at the time of the inspection and advice was taken from the pharmacist. The registered manager told us, the pharmacist was sending them a disposal kit for the pain patches.

This was a breach of regulation 12 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014. Safe care and Treatment.

Medicines were received at the home every four weeks and stored in a secure trolley and cupboard. The medication administration records (MARs) showed information about the person such as their GP details and any known allergies. MARs contained up to date photographs of people. A list of sample staff initials used was available in the folder with the MARs. There was guidance for staff around each 'as needed' medicine. This detailed when a person may require the medicine and the dosage.

People who had medicines administered had clear instructions listed at the front of the file about how this should be completed. Improvements were made in response to our findings during the inspection by introducing a body map and further guidance on pain relief patches. This is important as pain relief patches are applied to alternate sides of the body, which aids absorption. Improvements were also made in respect of written guidance about medicines that were not in people's dossette boxes so this was clearer and to avoid omissions in response to our findings.

Staff had been trained in the safe handling, administration and disposal of medicines. All staff who gave medicines to people had their competency assessed by the registered manager or the care manager. The medicines were checked monthly by a designated member of staff and the registered manager. Where people were able, they were supported to look after their own medicines. This was especially important where a person was only staying in the home for a short period and they looked after their medicines

previously. It also enabled people to have control over this aspect of their life. People had been risk assessed to ensure they were safe to manage their own medications in accordance with the provider's policy.

Care records included risk assessments about keeping people safe. This included risks relating to falls and everyday tasks. These had been reviewed as people's needs had changed. However, one person was at risk of choking. Advice had been sought from a speech and language therapist. They had recommended the person have a textured 2 diet and thickener added to their drinks. A textured 2 diet is food that is soft in texture with no lumps. The whistle blower had raised concerns that this person was not receiving this diet and was at risk. During the inspection, we observed this person not having thickened drinks and whilst part of their meal was soft, they had been given cooked mixed vegetables. People on a textured diet level 2 should not being given peas and sweet corn due to the skins being hard to digest, which could pose a choking risk. They were also given strawberries and cream, fruits with seeds should also be avoided. When we discussed this with the registered manager, they told us the person had refused the soft diet and thickened drinks and preferred food that was not soft. This person lacked the mental capacity to make this decision. There was no record about these decisions or advice taken from the GP or the speech and language therapist to ensure it was in the best interest of the person. This person was not well and was being fed in bed, which could also increase the risks of choking because the food was not the correct consistency.

This was a breach of regulation 12 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014. Safe care and Treatment.

From looking at the record of fire drills, it was not clear whether all staff had completed a fire drill. This was because there had only been two fire drills in the last twelve months and not all staff had taken part. The expectation set down by the Fire Authority states that each member of staff should complete a fire drill every six months or if they work nights then this should be completed every three months. The registered manager told us they had completed a fire drill on the morning of the second day of the inspection, which had captured six staff including night staff. They told us moving forward these would be done more frequently. We saw evacuation plans had been written for each person, which outlined the support they would need to leave the premises in the event of an emergency. Routine fire testing was undertaken at the service.

One of the concerns raised by the whistle blower was that they were concerned about rats having been spotted in the kitchen area of the home. The provider had taken appropriate action relating to this area by employing an external contractor to lay down traps. We looked at the kitchen and found this area to be clean, organised and no evidence of any infestation. The catering staff told us they had personally not seen any rats and felt the provider had taken appropriate action. The registered manager told us the external contractors continued to visit the service monthly. We noted that the bins and some damp cardboard were situated outside the kitchen area along with food storage crates. We advised that the storage of these items should be reviewed. The whistle blower had also raised concerns that a roof was leaking. The registered manager and provider confirmed there had been a leak from a flat roof but this had been replaced two weeks prior to the inspection.

During the last inspection, it was noted that the front of the building was not accessible. Contractors were on site clearing this area to enable access to the front garden and entrance area. The registered manager told us people and their relatives accessed the building via the side gate and entered the home through the dining area. There was a key pad fitted to this door. Those people that were safe to leave the building unaccompanied had the key code to enable them to leave the home when they wanted.

We found some areas of concern in respect of the environment. There was a loose handrail on the stairs

leading from the first floor to the dining area. The headroom half way down these stairs was a concern for those people who were tall and the door leading to the dining area did not shut securely. This could put people a risk in the event of a fire. We also found that the temperature from one tap was particularly hot. There was no signage in this area telling people about the hot water. This posed a risk to people in relation to scalds. These areas were addressed during the inspection by the maintenance team. This included hazard signage in relation to the headroom and the hot water tap was disconnected until this could be resolved. Repairs were completed on the loose handrail.

There was sufficient staff to keep people safe and provide the care they needed. There was a minimum of 4 staff working during the day, 3 in the evening and 2 waking night staff. The registered manager told us this was kept under review if people's needs changed. Staff told us agency was rarely used, as staff would cover any gaps in the rotas. The registered manager and the care manager were available Monday to Friday. Staff told us they would often be involved in supporting people. We observed both the care manager and registered manager supporting people and the staff team.

There was an expectation as part of their role the care staff would spend time with people engaged in activities. Staff confirmed there were sufficient staff to enable them to fulfil their roles in organising daily activities and providing personal care. In addition, to the care staff the registered manager employed an activity co-ordinator, domestic and catering staff. The registered manager told us this enabled the care staff to focus on the care and provide support to people rather than being engaged in household tasks. However, there was an expectation that care staff would complete light household cleaning at the weekend.

Safe recruitment systems were in place that recognised equal opportunities and protected the people living in the home. We looked at three staff files to check whether the appropriate checks had been carried out before they worked with people living in the home. The files contained relevant information showing how the registered manager had come to the decision to employ the member of staff. This included a completed application form, two references and interview notes. New members of staff had undergone a check with the Disclosure and Barring Service (DBS). This ensured that the provider was aware of any criminal offences, which might pose a risk to people who used the service. The registered manager was aware of their responsibilities in ensuring suitable staff were employed.

Staff told us they had completed training in safeguarding adults. Staff confirmed they would report concerns to the management and these would be responded to promptly. Staff were not aware of the role of the local safeguarding team. This was fed back to the registered manager and the provider who told us they would discuss the role of the local authority at the staff meeting the following week. The registered manager had reported to the local safeguarding team allegations of abuse and taken action to safeguard people. In the last twelve months there had been two safeguarding alerts raised. One by the registered manager in respect of an unwitnessed fall and delay in medical assistance being sought and the other was raised by a person visiting to the service. They were concerned that staff were speaking loudly at a person. These were fully investigated and unsubstantiated. CQC had also been notified of these allegations of abuse. Staff were also familiar with the term 'whistleblowing'. Comments from staff included; "I would be happy to report any concerns about poor care" and, "I would go straight to the manager and report it. I know they would sort it straightaway". Staff told us they had no concerns about the practice of their colleagues.

There was a member of staff on shift during our inspection with the dedicated responsibility of keeping the home clean. We checked bathrooms and toilets throughout the home and saw that they were cleaned and well maintained. We looked in the laundry area. There were sufficient industrial washing machines to ensure people's clothes were laundered correctly. There were suitable arrangements made to store clean and dirty laundry separately. Staff had completed training in infection control and were observed using gloves and

aprons appropriately.

The home did at times have odours that were noticeable. When we discussed this with the registered manager additional cleaning to carpets was organised. They told us that the flooring in these areas including the small lounge was being replaced and a contractor was visiting the service to measure up the week after the inspection. We also saw some staining on some of the chairs in the small lounge.

Good

Is the service effective?

Our findings

People told us they felt the staff were well trained, capable and confident to look after them. Comments included, "They (staff) are all pretty good", and "They're good as gold", and "They are alright. They treat you well". Relatives also told us they felt the staff had the necessary skills and training. One relative told us, "Staff are brilliant, they have a chat with you and X (care manager) is very good".

People can only be deprived of their liberty to receive care and treatment when this is in their best interest 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 any conditions on authorisations to deprive a person of their liberty were being met.

The registered manager told us they had made DoLS applications for 20 people but these were waiting to be authorised by the local authority. The applications had been made because they lacked the mental capacity to make the decision on whether they wanted to live in The Worthies. This was also because people would not be safe if they left the home unaccompanied and needed continual supervision. One person had a DoLS authorisation in place. There were specific conditions in respect of the authorisation, which included keeping specific records about personal care, activities and a referral to the dementia well-being team. It was evident these were being or had been completed. When we asked staff who had a DoLS authorisation they were not aware of anyone. They were aware they needed to complete specific recordings for the above person but they did not know why. There was clear information in the person's care file about the authorisation. There was also information on a large white board in the office about who had an authorisation in place and who was waiting to be assessed. The registered manager said they would discuss this at the next staff meeting.

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.

Staff understood the importance of involving people in making decisions about their day to day care such as choosing how to spend their time, choosing what to wear and what to eat. They understood the importance of gaining consent before care was delivered. Where care was refused, they described how they would support the person at a later time to suit them or they would ask another member of staff to try.

District nurses visited the home to provide support with any nursing care needs such as wound care management, the taking of bloods and supporting people with their insulin. The registered manager and staff told us there was no one with an acquired pressure wound. Where people were at risk of developing pressure wounds a care plan was in place describing how the person should be supported. Visiting professionals confirmed the staff were prompt in alerting them to any concerns and followed any advice they were given. They said they had no concerns about the service and the staff were knowledgeable about

the people they were supporting especially the senior management team.

Other health and social care professionals were involved in supporting people. They included dieticians, physiotherapists, occupational and speech and language therapists and the mental health team. Their advice had been included in the plan of care. Staff told us people were supported to see a dentist, optician and a chiropodist. Where people had been seen by a visiting health care professional staff had recorded any treatment or follow up required.

We observed people at lunchtime and saw they enjoyed their meal. The meal was unrushed and relaxed. There was a choice of two different meals. People told us, "There is enough food I'm never hungry. There's enough to drink too", "The food is good", "There's enough to eat and drink. Everything's perfect", "The food is alright. Can't find any fault", "Food is pretty good. Generally they let you have pretty much what you want", "The food is very good. They'll always change it if you don't like it" and, "Food is excellent, won't get food better. There is plenty and it's well cooked". One person did tell us, "It's not particularly adventurous. It's not good". The menu showed people had available to them a wide range of foods including traditional English meals, curries and pasta. The registered provider told us there was a combination of frozen and fresh vegetables.

There was a noticeboard showing in words and pictures the meal choices on offer. This also showed the different snacks and drinks that were available throughout the day. For example, fruit, cakes and different drinks. Before the lunchtime meal, we observed a staff member asking people their mealtime choice. The staff member was patient and ensured people had the time they needed to make their choice. Where people chose to eat meals in their bedrooms, their decisions were respected. One person liked to eat their meal after everyone else. Again, this wish was respected and their food was kept hot until they were ready.

People were weighed monthly and any concerns in relation to weight loss were promptly discussed with the GP and other health professionals. People were assessed using the malnutrition universal screening tool (MUST). MUST is a five-step screening tool to identify adults who are malnourished, at risk of malnutrition (undernutrition), or obese. It also includes management guidelines, which can be used to develop a care plan. This had been kept under review on a monthly basis. Staff told us about the people that were at risk of malnutrition and how they were supporting them with fortified drinks and foods. People that were at risk were clearly highlighted on the white board in the office to give staff a quick reference. This was not visible to people living in the home or their visitors, which meant this information was confidential.

Staff completed core training as part of their induction including safeguarding adults, health and safety, basic first aid, infection control, fire, food safety and moving and handling. This included completing the care certificate, which was a nationally recognised induction programme for care staff. Other training included dementia care, falls, prevention, medicines and end of life. The registered manager told us, training was planned with the dementia wellbeing service on the butterfly effect. The principles of the butterfly effect are based on five principles of person centred care. These were occupation and purpose, attachment and a sense of belonging, comfort, identity and inclusion. Staff told us how they were trying to put this into practice by involving people, grabbing the moment and offering activities and supporting people in a person centred way. Staff told us people were encouraged to be part of life at The Worthies and help with every day activities such as dusting or clearing tables.

Staff confirmed they received supervision from either the registered manager or the care manager. Supervisions are a process where staff meet on a one to one basis with a line manager to discuss their performance and training needs. The registered manager told us that supervision with staff should take place every three months. This was a combination of face-to-face meetings and observations of staff

practice. A supervision planner was in place detailing when the supervision should take place and when it had been completed. The registered manager completed annual appraisals of staff performance enabling them to monitor staff competence and plan the training for individuals and as a team. We noted that not all staff had signed their supervision records after their meeting.

The Worthies is situated in the village of Stapleton, close to local shops. There were good public transport links. The accommodation is provided over three floors, which was accessible by a lift.

The Worthies can support up to 26 people. There were 20 single bedrooms and three shared rooms with two ensuites. There was a communal dining area and three lounges. One of these was being used as the activity room. The registered manager and the provider told us they were reviewing the use of these areas. They were planning to rearrange the main lounge so the chairs were not positioned around the edge of the room and to make it less formal and more homely. They were planning to split the lounges and make small dining areas so that not everyone would have to eat in the dining area. They felt this would promote a more homely environment.

There was a redecoration programme in place. We were told the dining area, lounges and the hallway had recently been decorated. New flooring was being purchased for some of the hallways and the smaller lounge. The registered manager told us this would assist in alleviating some of the odour, as this would be easier to clean.

Good

Is the service caring?

Our findings

People and relatives told us the staff were kind, friendly and compassionate, all felt they were treated with dignity and respect and their care needs were met. Comments included, "They are nice to you", "They are friendly and kind. They treat me ok", and "They're good as gold". Relatives told us, "You couldn't have better care. Everyone is fantastic", "Whatever they want they get. They spoil them", and "They are always welcoming to me. I can visit at any time".

We observed staff interactions with people as being open and inclusive. When staff walked through the lounge and dining areas they spent time talking to people and making sure they were comfortable. Staff took the time to sit and speak with people. Staff were observed reading the paper with a person, talking about football and doing jigsaws with others. People were comfortable in the presence of staff. Staff knew people well and spoke to people about subjects that would be of interest to them. Staff came down to people's level where appropriate to speak directly and make eye contact. There was a happy atmosphere and fun conversation between staff and people. When one person became upset a member of staff sat with them giving them reassurance and support. This included a hug and a cup of tea.

People had not only evidently built good relationships with the staff but each other. People were engaged in conversations with each other in the lounge and dining areas. There was a friendly and open atmosphere in the home.

Each person had an identified key worker, a named member of staff. They were responsible for ensuring information in the person's care plan was current and up to date and they spent time with them individually. They also took a special interest in the person. Signage on people's bedroom doors included the name of the person's key worker. This ensured the person and the family were kept informed of who this member of staff was.

The registered manager told us they and another member of staff were dignity champions. They had received specific training in this area and acted as role models for the staff team. Their role was to highlight any issues in relation to a respecting a person's dignity and to come up with ways to address this.

A few people choose to spend time on their own. One person liked to spend time in their bedroom and not mix with people. The activity co-ordinator told us they spent time with them on a one to one basis chatting. This included providing assistance with nail care. Another person spent most of their day in the garden. This person was interested in astrology. The registered manager told us, they downloaded information twice a week for this person on their particular interest. Another person had an interest in football. Staff had taken the time to not only talk to the person about their interests but print of the weekly results for the teams the person supported. This showed staff took the time to get to know people and their interests. However, the person told us they were unable to watch the football matches, as they were not usually showed on the television channels available at the home.

People and their relatives had been consulted about their life histories, significant relationships and what

was important to them. This enabled staff to respond to people living with dementia who may not recall all their life histories and aid conversation with the person. Staff were aware of people's histories and spoke about people in a person centred way. From our observations, staff took a genuine interest in people. The registered manager told us they were trying to break down some of the boundaries between staff and people. They told us they encouraged staff to talk to people about their own families and interests so genuine conversations could be had.

We saw that not everyone on the table was served their meal at the same time. This meant that some people had started to eat their meal or finish before some people on the table had received theirs. When we brought this to the attention of the registered manager, they told us they would review this. They told us the cook dished up the meals in the order on the list and not based on where people were sitting. A review of this area would enhance the mealtime experience for people. The meal was relaxed and unrushed. Where a person required assistance, this was done sensitively and at the pace of the person. Staff were observed sitting alongside the person explaining what they were eating and offering encouragement. People were offered cloth aprons to protect their clothes from food spillages. Where people had spilt food on their clothes they were offered to change after lunch. Staff were observed offering assistance in a sensitive and discreet manner. For example, people were offered assistance, which did not bring attention to them as staff spoke quietly and directly to the person.

We did note that some of the men had grubby trousers. The registered manager told us that they had the mental capacity to make the decision in this area. However, they recognised that some sensitive prompting by staff maybe required.

People were addressed using their preferred name. Staff confirmed that people were asked what name they would like to be called on admission. This was recorded in the plan of care. People confirmed that staff knocked before they entered their bedroom. However, we did observe staff entering a person's room who was not very well. Staff did not knock or tell the person who they were.

People's religious and cultural needs were taken into account on admission and during care delivery. The registered manager told us it was important for people to retain their interests taking into account their cultural and religious faiths. One person regularly attended church with family. The registered manager told us the local vicar visited regularly but due to illness, this had not taken place over the last few months. Another person was supported to keep in touch by telephone with a local Christian science group. We were told the cook also prepared afro-Caribbean food for one person. From talking with the registered manager it was evident people were supported in this area.
People told us about how they were supported to continue with hobbies and interests such as gardening, knitting and arts and crafts. People told us the staff encouraged them to be as independent as possible with day-to-day tasks such as personal care and mobility. The corridors were very narrow, which meant staff could not always walk beside people to offer them reassurance or assistance. One person said, "Stop pushing me". The staff immediately took a step back and promptly apologised to the person and removed their hand that was gently placed on the person's back. It was evident the person felt comfortable to tell staff they were not happy and staff took prompt action to address their concerns.

People were able to maintain contact with family and friends. There was an open visiting arrangement. People confirmed they could entertain their visitors in the lounge area or in their bedrooms. Relatives told us they were made to feel welcome and were offered refreshments.

People were given support when making decisions about their preferences for end of life care. Arrangements were in place to ensure people, those who mattered to them and appropriate professionals

contributed to their plan of care. Specific care plans were put in place to ensure there was continuity of care at the end of life. This included records relating to positional changes, food and fluid, observations and personal care. This enabled the staff to record the care in one single document.

The staff and GP ensured end of life medicines (called anticipatory medicines) were prescribed in readiness when people needed them. Anticipatory medicines included pain relief and other medicines, to manage distressing symptoms. This meant the service was prepared for a sudden deterioration in a person's condition and there was no delay in receiving the treatment they needed. The registered manager told us they worked closely with the district nurses who were responsible for setting up and monitoring any syringe drivers. A syringe driver helps reduce symptoms by delivering a steady flow of injected medication continuously under the skin.

Good

Is the service responsive?

Our findings

We observed staff responding to people's needs throughout the inspection. This included spending time with people engaged in conversations. Staff were observed promptly responding when meeting people's needs. People told us call bells were answered promptly. The registered manager was able to monitor call bell response times. We saw over a 24-hour period, all call bells were answered in less than 2 minutes. The call bell was triggered a couple of times during the inspection. We saw staff promptly responding to these. A member of staff told us, "That is X, requesting a cup of tea I expect". They still promptly went to find out and shortly after were seen taking a cup of tea to the person. On another occasion staff responded to an emergency call bell, this was because a sensor mat had triggered the alarm. Two staff promptly responded. Staff told us this had been very effective in reducing the falls for this person. The person had a chair and floor sensor mat enabling staff to respond promptly when they were alerted to the alarm.

People had been assessed before they started to live in the home. This enabled the staff to plan with the person how they wanted to be supported and how to respond to their care needs. From the assessment, care plans had been developed detailing how the staff should support people. The person, their relatives and health and social care professionals where relevant had been involved in providing information to inform the assessment. There were three shared bedrooms the registered manager told us people were always consulted on whether they wanted to share as part of the initial assessment. The provider checked on whether the individuals were compatible and both parties were happy. They also involved the family in these decisions. Where rooms were shared there was a privacy screen to afford people some privacy. The registered manager told us they or the care manager would complete the initial assessment. As part of the assessment they looked at the person's dependency levels and needs to ensure they could meet the needs of the new person alongside the people already living in The Worthies.

Care plans clearly described how people should be supported in all aspects of daily living and their personal preferences. The information recorded was individualised and evidenced the person had been involved in developing their plan of care. Staff confirmed how people were being supported in accordance with the plans of care. These had been kept under review on a monthly basis and as and when care needs changed, involving the person, their relatives and their key worker. Relatives confirmed they were kept informed of any changes and consulted about the care.

Activities included games afternoons, coffee mornings, bingo, pamper sessions, discussion groups to aid memory, quizzes, local walks, music and dance sessions and arts and crafts. There was a list of activities displayed on the notice board near to the lounge. In addition, there was time allocated for one to ones with people who did not like to participate in group activities.

There was an activity co-ordinator employed to support people with activities of their choosing either in group sessions or on a one to one basis. The activity co-ordinator told us there were formal activities arranged five days a week. However, they said whilst there was a plan in place this was flexible depending on what people wanted to do. The weekends were less formal with activities being organised by the care staff. The registered manager told us they were planning to organise a group of young people from the local

school to visit the home on a weekly basis. They said this had been very successful last year. They spent time with people engaged in activities.

External entertainers visit the home to provide music events at least a couple of times a month. A hairdresser visited the home once a week. The registered manager told us it was also important for people to continue to be part of the local community. Trips had been organised on a monthly basis and included trips to Avon Valley Railway, Oakhill Farm, a pub meal out and Slimbridge Wetland Centre. People were consulted where they would like to go during the monthly resident meetings.

Comments from people about the activities were mixed some people said there was enough for them to do, whilst one person said they were bored, another person told us they would like to see more end products in respect of the crafts and another person telling us they did not like what was on the television. They told us they would like to watch the Proms, but did not want to make a fuss by asking for it to be put on. One person told us they would like to be more active. However, from our observations people were actively engaged with activities. There was a bingo session and a very lively music experience with people involved in playing musical instruments and dancing.

One person was supported by the registered manager to go out weekly to the local shops and for a car drive to different places. Staff said this had been very positive in helping the person to settle into life at The Worthies. The person said they enjoyed their trips out. One person told us, "I feel trapped, I cannot go out and feel the staff are watching me all the time". The registered manager told us this person had recently moved to the home and their views fluctuated depending on their mood. On the second day, this person told us they liked living in the home and found the staff attentive, but wanted to live abroad.

A health professional told us, "Often when I visit people are engaged in activities, which is really nice to see". Another health professional told us, "I have witnessed a new approach to activities in The Worthies; there is a dedicated lead activity coordinator who encourages other staff members to participate in group activity. They told us more could be done with regard to one to one activity. They told us they were aware that this was still work in progress with the registered manager taking positive steps to ensure this continued.

The registered manager and the staff were working with the dementia wellbeing service. A representative from the team told us there was a good relationship with the service and the registered manager was open to suggestions. They told us the registered manager was prompt to contact the team where they were concerned about a person's wellbeing in relation to their dementia. They said the staff were keen to try other approaches rather than opting for medication in the first instance for someone who is presenting with distressed behaviour. This showed the staff were responsive to people's changing needs.

Information was made available to people about the service. This included a statement of purpose, a brochure about The Worthies and what it has to offer including information about how to raise a complaint. Copies of these were available in people's bedrooms.

Regular meetings were held with people and minutes confirmed that they were reminded about how to raise concerns. Concerns had been investigated and acted upon with the outcome being given to the complainant. A log of complaints had been maintained and the registered manager demonstrated that these had been kept under review. This enabled them to explore if there were any themes to the concerns raised.

There had been four complaints since our last inspection. These had all been addressed, with feedback to the complainant being given. This also included sharing any learning with the staff team. For example, a

relative raised a concern about staff using their mobile phones. This was discussed at a team meeting and they were told this was not acceptable. Senior staff told us this continued to be monitored.

People told us, "I've never had to make a complaint", and "There's a review about every 6 months. If you've got anything to say or complain about that's the time to do it". A recent survey indicated that people knew how to make a complaint.

In addition, to the complaints the home had received five compliments. These described the staff as caring and committed to providing good care to people. They gave examples of how people were supported at the end of life, including staff visiting people in hospital and how relatives were made to feel welcome when they visited.

Requires Improvement

Is the service well-led?

Our findings

Systems were in place to check on the standards within the home. Regular reviews of care records and risk assessments were undertaken by care staff. The registered manager undertook a range of audits to monitor the quality and service delivery. These included audits of medicine administration records, recruitment information, care plans and health and safety. There were also audits on how staff provided support and care to people including dignity and respect.

However, some of the audits undertaken had not been effective, as we had identified areas that required improvement that were not picked up by the provider or registered manager. This was in relation to the safe handling of medicines, staff not following the care plan in respect of a person not eating the correct textured diet, ensuring all staff had taken part in a fire drill and maintenance. This meant the registered manager had failed to assess, monitor and mitigate risks provided in the carrying on of the regulated activity.

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

When we looked at the provider's audits many of the audits just required a tick to say completed. Some of the areas that had been checked were broad and would have benefited from a narrative. For example, the care planning audit stated all care plans contained relevant information or in respect of the dignity and respect all staff understood the principles. However, not all staff were on duty at the time of the audit. The care plan audit looked at 10% of the care plans so would benefit from including more detail on whose care plan was checked. This would enable the provider to ensure there was a programme of audits that covered all care plans, recruitment information and staff over a period of time.

There was a registered manager in post, with a full team of staff. The manager registered with the Care Quality Commission in December 2016. The registered manager was supported by a care manager. The registered manager told us they had recently appointed a deputy manager who was planning to start the week after the inspection. They told us they had recently reviewed the management support within the service. They told us in response to comments from staff and relatives a senior care staff was now working on each shift. This provided direction for staff and a point of contact for relatives. The registered manager and care manager worked as part of the team. This was evident in the knowledge they had about people and relationships they had built. The provider also had a good knowledge of people living in The Worthies and greeted people individually and by name when they visited the service. The registered manager told us the provider visited at least once a week.

Staff and relatives spoke positively about the management of the service. Comments included, "Management very supportive, we really work well as a team", and "(The Manager) he's a nice enough person. The place is well managed and well run". Staff confirmed they would have no hesitation in speaking with the registered manager, the care manager or the provider if they had any concerns or suggestions. Relatives told us, "The manager and care manager, you could not find better anywhere. If people say they are not well they don't hang about", and "I would recommend it here to anyone. I would come and live here

myself if I couldn't live at home".
Staff told us they felt the home was in a good place with everyone working together. They described how they supported people using a person centred approach. Two members of staff told us some staff had left through the summer who had not been so committed to the care of people. One member of staff told us, "You have to want to be here, it is not about the money but making sure people get the best care. It's what I would want if it was me or a family member". They told us, some staff 'did not get it', but they have left and there was now a good team working together to support the people living at the Worthies. Part of the whistle blower's concerns were that some staff did not respond promptly to people and there was a bullying culture. However, staff we spoke with told us they felt that the team were working well together and they could take any concerns to either the registered manager, care manager or the provider.

Visiting health and social care professionals provided positive feedback about the management of the service. Comments included, "I believe that (name of registered manager), has developed a positive relationship with his staff, and with residents, in the time that he has been working as registered manager", "(Name of registered manager) has developed his knowledge and understanding over time on the health needs of the residents, which is a positive thing. His leadership also appears to have improved over the time I have been visiting", and "Never feel uncomfortable walking away, the staff are caring and the manager is approachable".

Resident meetings were held every month to discuss any changes to the running of the home, provide a time to listen to the views of people collectively and plan activities. Records were kept of these meetings. Discussions were held around the environment, staffing, activities and quality of the service. The meeting encouraged people to talk about what they liked about the home and what they did not like. One person had complained about the quality of the laundry. This had been followed up at subsequent meetings and the person had been happy with the actions to address their concerns.

People's views were sought through an annual survey including that of their relatives and the staff that were supporting them. People and the staff expressed a good level of satisfaction with the care and support that was in place. The results of the survey were positive with people and their relatives indicating that they were happy with the service provided. Where people had commented negatively, the registered manager had spoken individually with them enabling them to address any areas of concern.

Staff told us monthly meetings were held where they were able to raise issues and make suggestions relating to the day-to-day practice within the home. One member of staff told us, "The meetings are ok, there is an expectation that you will attend unless on annual leave. Sometimes these can be vocal with everyone speaking out". The minutes from these meetings were documented and shared with team members that were unable to attend. These documented the suggestions made by staff members, discussion around the care needs of people and wider issues relating to the running of the home.

The registered manager completed checks on accidents and incident reports to ensure appropriate action had been taken to reduce any further risks to people. There was evidence that learning from incidents and investigations took place and appropriate changes were implemented. Incident reports were produced by staff and reviewed by the registered manager. The registered manager was able to produce a report on the incidents that had occurred including any action they had taken to reduce the risks of the incident reoccurring. This included looking at any themes. A monthly falls audit was completed and the findings discussed with the team during their monthly meetings. This also showed that the staff sought advice from the falls clinic and the person's GP.

The registered manager appropriately notified the CQC of incidents and events, which occurred within the

service, which they were legally obliged to inform us about. These showed us the registered manager had an understanding of their role and responsibilities. This enabled us to decide if the service had acted appropriately to ensure people were protected against the risk of inappropriate and unsafe care.

This section is primarily information for the provider

Action we have told the provider to take

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

Regulated activity	Regulation
Accommodation for persons who require nursing or personal care	Regulation 12 HSCA RA Regulations 2014 Safe care and treatment People who use services and others were not protected against the risks associated with the unsafe use and management of medicines. Regulation 12 (2) (g). One person was not protected against the risk of choking because staff were not following the guidelines from professionals in providing a suitable textured diet and thickening of drinks. Regulation 2 (1) (2) (a) (b)

Regulated activity	Regulation
Accommodation for persons who require nursing or personal care	Regulation 17 HSCA RA Regulations 2014 Good governance The registered manager had systems to monitor the quality of the service. However, these had failed to assess, monitor and improve the quality and safety of the services provided in the carrying on of the regulated activity. This was because not all staff had participated in a fire drill, audits had not identified the shortfalls in respect of the administration and disposal of medicines and that people may be at risk of scalding themselves due to the hot water. Regulation 17 (2) (b).