

Primrose Court Care Limited

# Primrose Court Care Home

## Inspection report

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### Ratings

#### Overall rating for this service

Requires improvement



Is the service safe?

Requires improvement



Is the service effective?

Requires improvement



Is the service caring?

Good



Is the service responsive?

Requires improvement



Is the service well-led?

Requires improvement



### Overall summary

We inspected Primrose Court on 15 October 2015. The inspection was unannounced which meant that the staff and registered provider did not know that we would be visiting.

Primrose Court provides care and support for up to 20 older people and / or older people with a dementia. The service is close to all local amenities.

The home had a registered manager in place. 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.

Risks assessments for people who used the service were insufficiently detailed. This meant that staff did not have the written guidance they needed to help people to remain safe.

# Summary of findings

Care plans were insufficiently detailed to ensure that care needs were met. The registered manager and deputy manager had already commenced a review of care files prior to the visit and were to rewrite the care plans of all people who used the service

We looked at the arrangements in place for quality assurance and governance. Quality assurance and governance processes are systems that help providers to assess the safety and quality of their services, ensuring they provide people with a good service and meet appropriate quality standards and legal obligations. We were shown numerous checks which were carried out, however we would question the effectiveness of some of these audits as they did not pick up on the areas we identified as needing improvement.

We looked at a chart which detailed training that staff had undertaken during the course of the year. We saw that 79 % of staff had completed training in infection control and 75 % had completed fire training. We saw that 68 % of staff had completed training in moving and handling and 64 % of staff had completed training in safeguarding. The majority of gaps with this training were for the cook, kitchen assistants and housekeeping staff. The registered manager told us that health and safety training was completed on a three yearly basis. Records looked at during the visit indicated that only 50% of staff had completed this training. We saw none of the staff were up to date with first aid training.

Systems were not in place for the management of medicines to make sure that people received their medicines safely. Whilst checking Medication Administration Records (MARs) we noted that routine medicines for different people were delivered to the home at different times during the month. This increased the risk of people running out of their medication supply. Records for people who were prescribed anticoagulant therapy were not up to date. This medicine is used to treat and prevent blood clots and because it can reduce the ability of the blood to clot the person requires careful monitoring in the way of testing of the blood. From the records we looked at we could not see that blood tests had been carried out as often as they should be. The anticoagulant Alert Card which identifies medication prescribed had not been kept up to date. This alert card is important in an emergency and is used to inform professionals before other treatment is received.

The registered manager undertakes a monthly check on medicines; however this audit is insufficiently detailed to pick up on areas of concerns identified by both the local authority and the areas that we identified.

There were systems and processes in place to protect people from the risk of harm. Staff were able to tell us about different types of abuse and were aware of action they should take if abuse was suspected. Staff we spoke with were able to describe how they ensured the welfare of vulnerable people was protected through the organisation's whistle blowing and safeguarding procedures.

Appropriate checks of the building and maintenance systems were undertaken to ensure health and safety.

We saw that staff had received supervision four times a year. The registered manager told us they are to increase this to ensure staff receive supervision at least six times a year. Supervision is a process, usually a meeting, by which an organisation provide guidance and support to staff. We looked at the records of staff on duty and found that they had received their annual appraisal.

The local authority identified at their visit in August and September 2015 that the registered manager and staff had a poor understanding on the Mental Capacity Act (MCA) 2005. MCA is legislation to protect and empower people who may not be able to make their own decisions, particularly about their health care, welfare or finances. Since the last visit from the local authority we could see that the registered manager and deputy manager had been working really hard. The care records we reviewed contained appropriate assessments of the person's capacity to make decisions. The registered manager and deputy manager acknowledged that there was still work to be done to ensure that appropriate assessments and documentation was on file for all people who might lack capacity.

At the time of the inspection, some people who used the service were subject to a Deprivation of Liberty Safeguarding (DoLS) order. DoLS is part of the MCA and aims to ensure people in care homes and hospitals are looked after in a way that does not inappropriately restrict their freedom unless it is in their best interests. The registered manager told us that following the local

# Summary of findings

authority visit and completion of assessments there were other people who used the service would need a DoLS referrals and that they were to do that as a matter of priority.

We found that safe recruitment and selection procedures were in place and appropriate checks had been undertaken before staff began work. This included obtaining references from previous employers to show staff employed were safe to work with vulnerable people.

There were positive interactions between people and staff. We saw that staff treated people with dignity and respect. Staff were attentive, respectful, patient and interacted well with people. Observation of the staff showed that they knew the people very well and could anticipate their needs. People told us that they were happy and felt very well cared for.

We saw that people were provided with a choice of food and drinks which helped to ensure that their nutritional needs were met. People had been weighed on a regular basis and nutritional screening had been undertaken.

People were supported to maintain good health and had access to healthcare professionals and services. People were supported and encouraged to have regular health checks and were accompanied by staff to hospital appointments.

People spoke positively about the activity co-ordinator and told us they regularly went out to the local library where events were held and to the local shops. They told us that they like the in-house activities which consisted of bingo, dominoes, a picture quiz and soft ball game's

The registered provider had a system in place for responding to people's concerns and complaints.

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

# Summary of findings

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

We always ask the following five questions of services.

### Is the service safe?

The service was not always safe.

Systems were not in place to ensure that people's medicines were managed safely.

Risk assessments were insufficiently detailed to provide staff with the information they needed to keep people safe.

Staff we spoke with could explain indicators of abuse and the action they would take to ensure people's safety was maintained. This meant there were systems in place to protect people from the risk of harm and abuse.

Records showed recruitment checks were carried out to help ensure suitable staff were recruited to work with people who lived at the service.

**Requires improvement**



### Is the service effective?

The service was not always effective.

Training for all staff was not up to date. First aid training was out of date for all staff.

People were supported to make choices in relation to their food and drink. People had been weighed and nutritionally assessed.

People were supported to maintain good health and had access to healthcare professionals and services.

**Requires improvement**



### Is the service caring?

The service was caring.

People were supported by caring staff who respected their privacy and dignity.

Staff were able to describe the likes, dislikes and preferences of people who used the service and care and support was individualised to meet people's needs.

**Good**



### Is the service responsive?

The service was not always responsive.

Care records were not person centred. They were insufficiently detailed to ensure that people's care needs would be met.

People had opportunities to take part in activities of their choice inside and outside of the service

The registered provider had a system in place to manage complaints. People who used the service, relatives and staff told us that the registered manager was approachable.

**Requires improvement**



# Summary of findings

## Is the service well-led?

The service was not always well led.

Effective quality monitoring systems were not in place to ensure the service was run in the best interest of people who used the service.

Staff, people who used the service and relatives told us the registered manager was approachable and they felt supported.

**Requires improvement**



# Primrose Court Care 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.

We inspected the service on 15 October 2015. The inspection was unannounced which meant that the staff and registered provider did not know that we would be visiting. The inspection team consisted of one social care inspector.

Before the inspection we reviewed all the information we held about the service. The registered provider was in the process of completing 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 plan to make.

At the time of our inspection visit there were twenty people who used the service. During the inspection we spoke with seven people who used the service and three relatives. We spent time in the communal areas and observed how staff interacted with people. We looked at all communal areas of the home and some bedrooms.

During the visit we spoke with the registered manager, deputy manager, registered provider and a senior care assistant. Before the inspection we contacted the local authority to seek their views on the service.

During the inspection we reviewed a range of records. This included five people's care records, including care planning documentation and medication records. We also looked at staff files, including staff recruitment and training records, records relating to the management of the home and a variety of policies and procedures developed and implemented by the registered provider.

# Is the service safe?

## Our findings

We checked the arrangements that were in place for the safe management, storage, recording and administration of medicines.

Before the inspection we contacted the local authority to seek their views on the service they told us that when they last visited in August and September 2015 they identified a number of concerns in relation to the management of medicines. During their visit they had observed secondary dispensing of medicines. This is when medicines are removed from the original dispensed containers and put into pots in advance of administration. Staff had administered medicines for a number of people and were carrying them around on a tray with no way of identifying the medicines that belonged to each person. This meant that people were at risk of receiving the wrong medicines. They had also identified gaps in the recording of when medicines that had been administered and that photographs were not on the front of all MARs so that staff could easily identify the people they were giving medicines to.

When we arrived at the service for our inspection we saw that a senior care assistant was in the process of administering medicines to people. We did not see any secondary dispensing of medicines. We spoke to the deputy manager in respect of this who said that after the local authority visit all staff who administer medicines had been spoken with and told that the practice of secondary dispensing must stop. We checked MAR records and saw gaps in signing for two people who used the service. The deputy manager and registered manager told us how they had just developed a daily check on MAR's to check for gaps in signing and how this would be pointed out to staff and reduce any risk. The deputy manager told us that all MAR's had been updated with a picture of the person so that staff knew they were administering medicines to the right person. We looked at MAR's to confirm that this was the case.

At the time of our inspection none of the people who used the service were able to look after or administer their own medicines. Staff had taken over the storage and administration of medicines on people's behalf.

All medicines were organised in trolleys. There was a trolley for those medicines to be given on a morning and a trolley

for those medicines to be given on an afternoon and evening. Staff had a separate rack for those medicines that needed to be given before meals. This storage system helped to ensure that people received their medicines safely.

We saw that staff kept a record of the temperature of the fridge and room in which medicines were stored. We saw that these temperatures were within normal limits.

Medicines were delivered to the home by pharmacy and were checked in by senior care staff to make sure they were correct. The deputy manager told us that medicines were ordered and delivered to the home each month. Whilst checking Medication Administration Records (MARs) we noted that routine medicines for different people were delivered to the home at different times during the month. The deputy manager said that people had moved into the home at different times and they had not got round to synchronising the ordering of medicines. This made the reordering process of medicines difficult for staff as they had to remember to reorder medication for different people at different times during the monthly cycle. This increased the risk of people running out of their medication supply. A discussion took place with the deputy manager and registered manager in respect of this.

We checked the medicines and care records of a person who was prescribed anticoagulant therapy. This medicine is used to treat and prevent blood clots and because it can reduce the ability of the blood to clot. When a person is on this medicine they require careful monitoring in the way of testing of the blood. From the records we looked at we could not see that blood tests had been carried out as often as they should be. The Anticoagulant Alert Card which identifies medication prescribed had not been kept up to date. This alert card is important in an emergency and is used to inform professionals before other treatment is received. We asked the deputy and registered manager to investigate this and if they found that blood had not been taken as advised then to make a safeguarding alert to the local authority.

The registered manager undertakes a monthly check on medicines; however this audit is insufficiently detailed to pick up on areas of concerns identified by both the local authority and the areas that we identified.

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

## Is the service safe?

The five care plans we looked at incorporated a series of risk assessments. They included areas such as the risks around moving and handling; nutrition and behaviour that challenges. Risk assessments and care plans that we looked at during the inspection had been reviewed and updated, however they were insufficiently detailed to ensure that staff had the guidance to keep people safe. For example for each area of need there was a care plan that had been developed and then a risk assessment was then completed. One person was identified as needing help with their hygiene and dressing. They then had a risk assessment for hygiene and dressing but this was not the risk associated with the person's needs the actual risk was self neglect if care staff did not prompt and monitor. Another person had a care plan for behaviour that challenges but the risk assessment did not identify the risks with this. A further risk assessment had been developed for when this person went out in to the community but it did not identify if the risk was to the person or public. The risk assessment detailed to monitor this person but didn't inform staff what this monitoring was. We discussed our findings with risk assessments with the deputy and registered manager.

We looked at the arrangements that were in place for managing accidents and incidents and preventing the risk of reoccurrence. We saw that a monthly analysis was undertaken on all accidents and incidents; however theses audits did not look at the time of the accident or where it occurred in order to identify any patterns or trends and put measures put in place to avoid re-occurrence. This was pointed out to the registered manager at the time of the inspection who said that she would develop audits further.

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

The registered provider had an open culture to help people to feel safe and supported and to share any concerns in relation to their protection and safety. We spoke with the registered manager and staff about safeguarding adults and action they would take if they witnessed or suspected abuse. Everyone we spoke with said they would have no hesitation in reporting safeguarding concerns. They told us they had all been trained to recognise and understand all types of abuse. We saw that 85 % of care staff listed on the training chart had received safeguarding training in the last 12 months. The registered manager told us that ancillary staff were now to receive this training.

We also looked at the arrangements that were in place for managing whistleblowing and concerns raised by staff. Staff we spoke with told us that their suggestions were listened to and that they felt able to raise issues or concerns with the registered manager. One staff member said, "You can speak to X [registered manager] about anything she is really approachable."

The registered manager told us that the water temperature of baths, showers and hand wash basins were taken and recorded on a regular basis to make sure that they were within safe limits. We saw records that showed water temperatures were taken regularly and were within safe limits.

We looked at records which confirmed that checks of the building and equipment were carried out to ensure health and safety. We saw documentation and certificates to show that relevant checks had been carried out on the emergency lighting, fire extinguishers and gas safety.

We also saw that personal emergency evacuation plans (PEEPS) were in place for each of the people who used the service. PEEPS provide staff with information about how they can ensure an individual's safe evacuation from the premises in the event of an emergency. PEEPS contained limited information on the person's capacity and the assistance they would need in the event of an emergency to move. The registered manager said that she would update PEEPS to ensure they contained all of the required information. Records showed that evacuation practices had been undertaken. The most recent practice had taken place in August 2015. We saw that the majority of fire drills were carried out during the day. The registered manager was to check that night staff have been involved in fire practice. Test of the fire alarm were undertaken each week to make sure that it was in safe working order.

We asked people who used the service if they felt safe. One person said, "I really do. I have bad dreams and when I had one they came in and stroked my head until I went to sleep." Another person said, "They lock the doors and there is plenty of staff around to help."

Since the registration of the service one new staff member had been recruited. We looked at the file for this staff member and saw that the registered provider operated a safe and effective recruitment system. The staff recruitment process included completion of an application form, a formal interview, previous employer reference and a check



## Is the service safe?

to make sure that the person was suitable to work with vulnerable adults. This helps employers make safer recruiting decisions and also to prevent unsuitable people from working with children and vulnerable adults.

At the time of the inspection there were 20 people who used the service. We looked at the arrangements that were in place to ensure safe staffing levels. We looked at the staff rota and this showed that generally during the day and evening there was a senior care assistant on duty and two to three care staff. On night duty there was a senior care assistant and a care assistant. In addition to this the registered manager and deputy manager worked Monday to Friday. The registered manager told us that staffing levels

were flexible, and could be altered according to need. People who used the service confirmed that staff were available should they need them through the day and night. Staff told us that staffing levels were appropriate to the needs of the people using the service. Staff told us that the staff team worked well and that there were appropriate arrangements for cover if needed in the event of sickness or emergency. On the day of the inspection the registered manager told us they were one staff member down and working with three care staff. A staff member we spoke with said, "It's a canny little home. We normally have four on a morning. We have worked short a couple of times but they do always call staff out to come and work."

# Is the service effective?

## Our findings

We looked at a chart which detailed training that staff had undertaken during the course of the year. We saw that 79 % of staff had completed training in infection control and 75 % had completed fire training. We saw that 68 % of staff had completed training in moving and handling and 64 % of staff had completed training in safeguarding. The majority of gaps with this training were for the cook, kitchen assistants and housekeeping staff. The registered manager told us that health and safety training was completed on a three yearly basis. Records looked at during the visit indicated that only 50% of staff had completed this training. We saw none of the staff were up to date with first aid training. We pointed this out to the registered manager as a matter of importance. The registered manager said they would organise first aid training as a matter of priority but also ensure that other training was brought up to date.

This was a breach of Regulation 18 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

The local authority identified at their visit in August and September 2015 that the registered manager and staff had a poor understanding on the Mental Capacity Act (MCA) 2005. MCA is legislation to protect and empower people who may not be able to make their own decisions, particularly about their health care, welfare or finances. Since the last visit from the local authority we could see that the registered manager and deputy manager had been working really hard. The care records we reviewed contained appropriate assessments of the person's capacity to make decisions. We found these assessments were only completed when evidence suggested a person might lack capacity, which is in line with the MCA code of practice. Care records also described the efforts that had been made to establish the least restrictive option for people was followed and the ways in which the staff sought to communicate choices to people. The registered manager and deputy manager acknowledged that there was still work to be done to ensure that appropriate assessments and documentation was on file for all people who might lack capacity.

At the time of the inspection, some people who used the service were subject to a Deprivation of Liberty Safeguarding (DoLS) order. DoLS is part of the MCA and aims to ensure people in care homes and hospitals are

looked after in a way that does not inappropriately restrict their freedom unless it is in their best interests. The registered manager told us that following the local authority visit and completion of assessments there were other people who used the service who would need a DoLS referrals and that she was to do that as a matter of priority.

We saw that 90% of staff had completed training in on the Mental Capacity Act (MCA) 2005 and 85 % of staff had completed training in DoLS.

We spoke with people who used the service who told us that staff provided a good quality of care. A relative we spoke with said, "In places like this it gets hectic but it never shows." One person who used the service said, "The staff are smashing and they always have been."

Staff we spoke with during the inspection told us they felt well supported and that they had received supervision and an annual personal development review. Supervision is a process, usually a meeting, by which an organisation provide guidance and support to staff. We saw records to confirm that staff received supervision about four times a year. The registered manager told us that this was to increase to six occasions. We looked at the records of staff on duty and saw that they had received an annual appraisal. A staff member we spoke with said, "I get supervision every three months and have had my annual appraisal. X [registered manager] is very good and always supportive. Both she [registered manager] and the deputy helps out."

People had many positive comments to make about the quality of the meals. People said the food was, "Brilliant you get loads to eat." Another person said, "Honestly speaking the food is excellent. She [cook] will come and ask me what I want." Another person said, "We get our dinner at 12 o'clock. The dinners are lovely we have a nice cook." Only one of the seven people we spoke with told us they did not like the food that was provided.

We observed the lunch time of people who used the service. Lunch time was relaxed and people told us they enjoyed the food that was provided. We saw that portion size varied according to choice. Those people who needed help were provided with assistance.

We saw that people were offered a plentiful supply of hot and cold drinks throughout the day. This meant people were supported to maintain their hydration

## Is the service effective?

The registered manager informed us that all people who used the service had undergone nutritional screening to identify if they were malnourished, at risk of malnutrition or obese. We saw records to confirm that this was the case.

We saw records to confirm that people had visited or had received visits from the dentist, optician, chiropodist, dietician and their doctor. The registered manager said that they had good links with the doctors and district nursing

service. One person who used the service said, “One of the staff went with me for a hospital appointment. I’m just waiting for another appointment to go to the doctor’s surgery for another test.” They also confirmed they had received their annual flu vaccination. On the day of the inspection we saw that doctors and district nursing staff visited the service to provide treatment and support to people who used the service.

# Is the service caring?

## Our findings

People and relatives who we spoke with during the inspection told us they were very happy and that the staff were extremely caring. One person said, "They are very good, very attentive." Another person said, "They are good to me. I like it here they will do anything for you." A relative we spoke with said, "They are very loving towards them [people who used the service]" Another relative said, "My daughter is a nurse and she has never said anything so I take that as a good point."

At the time of the inspection one person who used the service was receiving end of life care. We did not approach this relative they approached us to say, "I had to tell you how good they are." They also said, "They care just as much about me [relative] as they do my mum." This relative told us how they spent much of the day at the home but when they weren't there how staff would take turns to sit with their mum. They told us how much comfort this provided.

During the inspection we spent time observing staff and people who used the service. On the day of the inspection there was a calm and relaxed atmosphere. Throughout the day we saw staff interacting with people in a very caring and friendly way. We saw that staff were friendly and greeted each person who used the service.

Staff used friendly facial expressions and smiled at people who used the service. Staff complimented people on the way they were dressed. Staff interacted well with people and provided them with encouragement.

People we talked with spoke highly of the registered provider. They told us how they made regular visits to the home and always took time to chat with them. One person said, "I can laugh and joke with them all even the owner he is great." Another person said, "The big boss [registered provider] is lovely." On the day of the inspection we saw the registered provider supporting people in a courteous manner.

We saw that staff treated people with dignity and respect. Staff were attentive, respectful, were patient and interacted well with people. Observation of the staff showed that they

knew the people very well and could anticipate their needs. Staff encouraged people to be independent when walking. Staff provided reassurance, support and step by step instructions when supporting people to use the hoist. Staff told us how they worked in a way that protected people's privacy and dignity and people who used the service confirmed this to be the case. People told us how staff called them by their preferred names and kept them covered when they had a bath or shower. This showed that the staff team was committed to delivering a service that had compassion and respect for people.

We saw that people had free movement around the service and could choose where to sit and spend their recreational time. Those people who wanted spent time in their rooms. One person told us how they had made friends with another person who used the service and how they went in each other's rooms for a chat and to watch television. We saw that people were able to go to their rooms at any time during the day to spend time on their own. This helped to ensure that people received care and support in the way that they wanted to.

During the inspection one person told us how important it had been to personalise their bedroom. They told us how staff had helped them put their television on the wall and just at the right height so that they could see it as the bottom of the bed had previously affected the view. They told us how they liked having all their personal belongings around them. They said, "It feels like home."

Staff we spoke with said that where possible they encouraged people to be independent and make choices such as what they wanted to wear, eat, drink and how people wanted to spend their day. We saw that people made such choices during the inspection day.

At the time of the inspection those people who used the service did not require an advocate. An advocate is a person who works with people or a group of people who may need support and encouragement to exercise their rights. Staff were aware of the process and action to take should an advocate be needed. Advocacy contact details were available on the wall in the registered manager's office.

# Is the service responsive?

## Our findings

During our visit we reviewed the care records of five people who used the service. Each person had an assessment, which highlighted their needs. Following the assessment care plans had been developed. Care records reviewed contained some information about the person's likes, dislikes and personal choices. We saw that care plans did not contain enough information to help to ensure that the needs of the person were met. For example the care plan for one person stated they needed the assistance of two staff to assist with their hygiene and dressing, but the care plan did not describe what that assistance was. Another care plan stated that they needed staff assistance for moving and handling and to use the stand aid but again the care plan did not state what that assistance was. The person who used the stand aid was able to describe in detail how staff supported them to move safely by one staff member standing in front and one behind to maintain their safety. Care plans had not been updated when needs had changed. For example one person who used the service had become increasingly frail. Their care plan had not been updated to inform of their increased needs in all aspects of their care. This person had been catheterised but there wasn't a plan of care in place for this.

This was a breach of Regulation 9 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

The registered and deputy manager told us that when the local authority last visited they too had picked up on care plans not being person centred. The deputy manager showed us one plan of care that she had just written for a person who required support when going to the toilet. This care plan was much improved and described in detail what the person could do for themselves and the assistance required from staff. The deputy manager and registered manager were aware of how much improvement was needed in respect of the current care planning system they had in place.

Staff and people told us that the service employed an activity co-ordinator to arrange activities and outings for people who used the service. The activity co-ordinator

worked 30 hours a week usually from Monday to Friday. At the time of the inspection the activity co-ordinator was on annual leave. People spoke highly of the activity co-ordinator and told us that they went over to the local library on a regular basis. We were told that the local library planned many events for local people to attend. A relative told us their mother went over to the library to take part in a session on sporting memories. We were told how this session was particularly aimed at those people living with a dementia. People told us that they were taken over to the local supermarket and how they liked to have a coffee in the café.

In-house activities consisted on bingo, dominoes, a picture quiz and soft ball games. We were told that the hairdresser comes in on a Thursday and that entertainers come into the home to sing to people. People told us that they liked the activity co-ordinator and that they worked hard to entertain people. One person said, "She [activity co-ordinator] takes me to the library on a Monday and sometimes on a Tuesday as small children from the local area sing." They also said, "She [activity co-ordinator] takes me over to Tesco to get what I want." A relative we spoke with said, "X [activity co-ordinator] takes different ones out. She [person who used the service] went out last week to Tesco. She takes them out every day. They have a guitarist singer who comes in."

People, relatives and staff told us that representatives from the local churches visit on a regular basis. We were told how a monthly service was put on by a representative from the local Church of England Church and how a representative for the Roman Catholic church visited each week to give communion to those people who wanted to receive it.

We were shown a copy of the complaints procedure. The procedure gave people timescales for action and who to contact. The registered manager said that they spoke to people on a daily basis to make sure they were happy. One person who used the service said, "You can talk to X [registered manager about anything. She is a very good listener." There have not been any complaints since registration of this service.

# Is the service well-led?

## Our findings

We looked at the arrangements in place for quality assurance and governance. Quality assurance and governance processes are systems that help providers to assess the safety and quality of their services, ensuring they provide people with a good service and meet appropriate quality standards and legal obligations. The registered manager was able to show us numerous checks which were carried out. We were shown a quarterly health and safety audit (workplace inspection). This was last completed in February 2015. We saw that care plan audits took place on a monthly basis, however we would question the effectiveness of this audit as it did not pick up on the areas we identified as needing improvement. The medication audit did not identify the areas we highlighted as needing improvement. Also the systems for assessing the performance of the service did not identify the gaps in staff training.

The registered provider visited the service on a regular basis, however did not always keep a written record of each visit. We saw that records of visits were not available for August and September 2015, but there was a record of a visit that had been undertaken in October 2015. We noted that the registered provider speaks with people who used the service and staff during these visits but the record of visits does not indicate that they check on any other records for example recruitment, supervision, training and audits amongst others.

The registered manager said that meetings for people who used the service and relatives did not take place. She told

us that staff spoke to each person on a daily basis and kept a record of what they wanted to do that day but accepted that improvement could be made to seek the views of people who used the service.

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

The staff we spoke with said they felt the registered manager was supportive and approachable, and that they were confident about challenging and reporting poor practice, which they felt would be taken seriously. People and relatives also spoke highly of the registered manager. One person said, "X [registered manager] is approachable and available to talk to. I would have no problem in speaking up."

Staff told us the morale was good and that they were kept informed about matters that affected the service. One person said, "I've worked here for two and a half years now and I really like it." They told us that team meetings took place regularly and that were encouraged to share their views. We saw records to confirm that this was the case. Topics of discussion included safeguarding, staff ideas, staff roles, dignity, medicines and record keeping.

Staff described the registered manager and deputy manager as a visible presence who worked with people who used the service and staff on a regular basis.

We saw that a survey had been carried out to seek the views of people who used the service and relatives. We saw that a high number of people and relatives who used the service had responded and shared their views. The survey results were very positive but at the time people thought that activities could be improved. As a result of the survey the registered provider increased the number of hours that the activity co-ordinator worked.

This section is primarily information for the provider

## Action we have told the provider to take

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

### Regulated activity

Accommodation for persons who require nursing or personal care

### Regulation

Regulation 12 HSCA (RA) Regulations 2014 Safe care and treatment

People who used the service were not protected against the risks associated with unsafe systems for the management of medicines.

Risk assessments were insufficiently detailed to ensure that staff had the knowledge to keep people safe.

Accident audits did not look at the time of the accident or where it occurred in order to identify any patterns or trends.

### Regulated activity

Accommodation for persons who require nursing or personal care

### Regulation

Regulation 18 HSCA (RA) Regulations 2014 Staffing

Staff were not suitably trained to enable them to carry out the duties within their role.

### Regulated activity

Accommodation for persons who require nursing or personal care

### Regulation

Regulation 9 HSCA (RA) Regulations 2014 Person-centred care

The information available in care records was insufficient to ensure that people would receive person centred care.

### Regulated activity

Accommodation for persons who require nursing or personal care

### Regulation

Regulation 17 HSCA (RA) Regulations 2014 Good governance

People who used the service and others were not protected against the risks associated with ineffective monitoring of the service. Effective governance arrangements were not in place.