

Silver Healthcare Limited

Leahyrst Care Home

Inspection report

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Ratings

Overall rating for this service

Inadequate



Is the service safe?

Inadequate



Is the service effective?

Requires improvement



Is the service caring?

Requires improvement



Is the service responsive?

Inadequate



Is the service well-led?

Inadequate



Overall summary

Leahyrst is a care home providing personal care for up to 41 older people with a range of support needs, including people living with dementia. It is located in a residential area close to Sheffield city centre.

There was a manager at the service who was registered with CQC. 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 and associated Regulations about how the service is run.

Our last inspection at Leahyrst took place in March 2014 to check that improvements had been made with records, after a breach with that regulation in December 2013. The home was found to have made sufficient improvements to meet the requirements of the regulations we inspected at that time.

This inspection took place on 12 and 16 November 2015 and was unannounced. This meant the staff who worked at Leahyrst did not know we were coming. On the first day of our inspection there were 34 people living at Leahyrst.

Summary of findings

Our observations of the interactions between people and staff identified people were comfortable in the presence of staff and in our discussions with them no-one raised concerns about their safety. Relatives we spoke with told us they thought their family members were safe.

People's health, care and support needs had not always been assessed, with care plans that reflected the assessment and provided staff with information about the action they needed to take to meet people's needs, taking into account any risks that had been identified.

We found some people's medicines were not managed safely which meant people were not protected against the risks associated with the unsafe use and management of medicines.

There was not a system in place to identify the numbers of staff required to meet the needs of people and we found there was not sufficient staff, with appropriate experience, training and skills to meet people's needs and facilitate person-centred care.

Staff recruitment procedures were in place and ensured people's safety was promoted.

Staff's training in some areas was not currently validated (in date) and supervision of some staff had not taken place on a regular basis, although staff told us they felt supported by the registered manager.

The service followed the requirements of the Mental Capacity Act 2005 (MCA) Code of practice and Deprivation of Liberty Safeguards (DoLS). This helped to protect the rights of people who lack capacity to make important decisions themselves.

The choice of food and mealtime experience could be improved.

People had access to a range of health care professionals to help maintain their health.

Adapting and updating of furnishings was needed to aid people's enjoyment and wellbeing.

Relatives told us staff were caring towards their relative and treated them with respect, but we found examples where this did not happen.

We saw people were not engaged in daily activities during the day and spent a lot of time pacing the corridors or sat in lounges asleep.

People living at the home, and their relatives said they could speak with staff, the registered manager and provider if they had any worries or concerns and they would be listened to.

There were ineffective systems in place to monitor and improve the quality of the service provided.

The overall rating for this service is inadequate and the service is therefore in special measures.

Services in special measures will be kept under review and, if we have not taken immediate action to propose to cancel the provider's registration of the service, the service will be inspected again in six months.

The expectation is that providers found to have been providing inadequate care should have made significant improvements within this timeframe.

If not enough improvement is made within this timeframe so that there is still a rating of inadequate for any key question or overall, we will take action in line with our enforcement procedures to begin the process of preventing the provider from operating this service. This will lead to cancelling their registration or to varying the terms of their registration within six months if they do not improve. This service will continue to be kept under review and, if needed, could be escalated up to urgent enforcement action. Where necessary, another inspection will be conducted within a further six months, and if there is not enough improvement so there is still a rating of inadequate for any key question or overall, we will take action to prevent the provider from operating this service. This will lead to cancelling their registration or to varying the terms of their registration.

For adult social care services the maximum time for being in special measures will usually be no more than 12 months. If the service has demonstrated improvements when we inspect it and it is no longer rated as inadequate for any of the five key questions it will no longer be in special measures.

Summary of findings

The five questions we ask about services and what we found

We always ask the following five questions of services.

Is the service safe?

The service was not safe.

The service had not managed individual risks presented by people, to ensure their safety.

The service did not have appropriate arrangements in place to manage medicines to ensure people were protected from the risks associated with medicines.

Systems were in place to protect people from bullying, harassment, avoidable harm and abuse and staff were able to explain those systems.

Effective recruitment and selection procedures were in place, but staffing levels were not sufficient to meet people's needs.

Inadequate



Is the service effective?

Improvements were required to make the service effective.

Staff's training in some areas was not currently validated (in date) and supervision of some staff had not taken place on a regular basis, although staff told us they felt supported by the registered manager.

Staff understood their responsibilities in relation to the Mental Capacity Act and Deprivation of Liberty Safeguards.

People were supported to receive adequate nutrition and hydration, but the mealtime experience and choices available could be improved.

People were supported to maintain good health, had access to healthcare services and received ongoing healthcare support.

Adapting and updating of furnishings was needed to aid people's enjoyment and wellbeing.

Requires improvement



Is the service caring?

Improvements were needed to make the service caring

We saw staff had developed relationships with people, but the care provided was focussed on completion of tasks, rather than the quality of life of each individual person.

Relatives told us staff were caring towards their relative and treated them with respect, but we found examples where this did not happen.

Requires improvement



Is the service responsive?

The service was not responsive.

Inadequate



Summary of findings

People's health, care and support needs had not always been assessed, with care plans that reflected the assessment and provided staff with information about the action they needed to take to meet people's needs, taking into account any risks that had been identified.

There were insufficient daily activities to stimulate people and provide meaningful occupation when they were awake and alert.

People were confident in reporting concerns to the registered manager and provider and felt they would be listened to.

Is the service well-led?

The service was not well-led.

There were quality assurance and audit processes in place, but these were ineffective in some areas to highlight areas for improvement and monitor risk.

The service did not have a range of policies and procedures to identify and guide them as to the procedures they needed to follow and what was expected in regard to the operation of the service.

Staff we spoke with told us they felt valued and supported by the registered manager.

Inadequate



Leahyrst 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 was planned to check whether the provider is meeting the legal requirements and regulations associated with the Health and Social Care Act 2008, to look at the overall quality of the service, and to provide a rating for the service under the Care Act 2014.

This inspection took place on 12 and 16 November 2015 and was unannounced. This meant the people who lived at Leahyrst and the staff who worked there did not know we were coming. The inspection team consisted of an adult social care inspection manager, an adult social care inspector and a specialist advisor who had experience of working with people living with dementia and people with mental health needs.

Before our inspection, we reviewed the information we held about the home. This included correspondence we had received about the service and notifications submitted by the 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 plan to make. This was because this inspection was undertaken as a result of concerns we had received about the service.

We contacted Sheffield local authority and Sheffield Healthwatch. Healthwatch is an independent consumer champion that gathers and represents the views of the public about health and social care services in England. We received feedback from Healthwatch, Sheffield local authority commissioners and the local authority safeguarding team. This information was reviewed and used to assist with our inspection.

During the inspection we spoke with 3three people who used the service, three people's relatives, a healthcare professional and a support worker from another care agency. This information was reviewed and used to inform our judgements of the service.

We also spent time observing care to help us understand the experience of people who could not talk with us. This meant throughout the inspection we spent time in communal areas of the home observing how staff interacted with people and supported them.

We spoke with nine members of staff, which included the registered manager, deputy manager, six care staff and administrator.

We spent time looking at records, which included eight people's care records, three staff records and other records relating to the management of the home, such as training records and quality assurance audits and reports.

Is the service safe?

Our findings

We saw that people were relaxed in the company of staff and that there were friendly interactions between them. In our discussions with people, no-one raised concerns about their safety.

Relatives we spoke with told us they felt their relatives were safe living at Leahyrst. Information shared by one relative demonstrated that staff were operating appropriate safeguarding procedures. They described an incident (about which they had been informed) and said, “This was immediately sent to safeguarding. I have no concerns about her safety”. We were able to confirm this information and the outcome of the alert.

The registered manager provided the policy manual where policies were dated 2012. The information they contained referred to regulations that had been updated. The registered manager confirmed the manual was not used and all procedures were in the process of being reviewed. This meant staff did not have current up to date information to refer to about safeguarding and the safe storage, administration and disposal of medicines.

Discussions with staff told us they had a clear understanding of the procedures in place to safeguard vulnerable people from abuse and were knowledgeable on the procedures to follow. Staff also knew how to recognise and respond to abuse correctly. Staff members told us if they had any concerns they would report them to the registered manager and were confident they would be dealt with.

We spoke with the registered manager and administrator about how people’s finances were dealt with. We found individual records were in place, with a running balance of the money people had available. Receipts of financial transactions were in place. Invoices were sent to families every four weeks. Records of financial transactions were audited by the registered and deputy manager.

We checked how the service managed risks at the service so that people were protected.

Service records and environment checks were provided to demonstrate safety checks were carried out. These included legionella, fixed electrical wiring, fire safety, waste management and gas.

We found the service had not managed individual risks presented by people, to ensure their safety. For example, we looked at the record of accidents and incidents. We found incidents where a person had displayed behaviour that challenged. Their plan of care contained no assessment of the risk presented and there was no plan of care. The care plan for the potential trigger for the behaviour (personal care) also did not reflect the assistance the person needed to minimise the behaviour.

From the record we identified three people who had been found on the floor or witnessed falling. One person had fallen once, another person eight times and another three times. There was no falls risk assessment in place to assess any action that could be taken to reduce the risk.

For another person, we found from the record there had been three incidents where they had been found on the floor. In addition, a district nurse had visited the person to assess a ‘red area’ and assessed the person needed a pressure relieving mattress. A pre-admission assessment carried out by a previous placement had identified the person as having numerous falls, poor mobility and fragile skin. The person’s care file contained no risk assessments to assess any risk this person presented.

The information above demonstrated a breach of Regulation 12 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014; Safe care and treatment

We checked that sufficient numbers of suitable staff were on duty to keep people safe and meet their needs.

At the time of this visit 34 people were living at Leahyrst. The registered manager told us they did not use a dependency assessment tools to assist with the calculation of staff needed to deliver care safely to people. The registered manager identified during the working day six members of staff were on duty in addition to herself and ancillary staff. At night three members of staff were on duty. We spoke with staff members who worked on both shifts who told us they thought there were sufficient members of staff on duty. Our observations, records of incidents and discussions with staff told us this was not sufficient. For example, although staff were not hurried or stressed, they had little time to interact with people other than in a task centred way. When we spoke with relatives and other stakeholders they said, “People need more

Is the service safe?

individual attention” and “They (staff) are not telling people what they are doing, they are putting aprons on people and not saying why. They are not communicating with people. This is demoralising for the person”.

We observed the dependency of people to be high as there were people living with varying levels of dementia and the registered manager named seven people that required two members of staff to assist them to move. This was reflected over the lunchtime period as it took at least twenty minutes for staff to assist people to the dining room. The consequence of this was that in those twenty minutes people were waiting for lunch to be served, which for people with dementia is not good practice as they may forget the reason why they are sat there, without prompting, supervision and distraction by staff. There were also people with behaviour that challenged associated with them living with dementia.

We found times during the inspection where people were not being supervised by staff and a number of incident reports, that reported people being found ‘on the floor’ in communal areas. We found some incidents that happened during the night time shift where the three staff members had gone to one floor to assist the member of staff working on that floor. This meant people on the other two floors were left unsupervised. Those people include people living with dementia and people at risk of falls.

On one of the inspection days we arrived at the home at 7:00am. At 7:40am we saw the record for two hourly night checks for 8:00am had been completed and it recorded that 12 people were up and dressed. We saw this was consistent with previous days. At the time of arrival there had been an incident where two people’s rooms had flooded, because a person who used the service had ran the tap at their sink in their bedroom, after putting bedding in it. A member of staff told us another member of staff had seen the person in the lounge, ten minutes previously.

We asked a member of staff how people were re-positioned if staff didn’t leave the floor they were allocated to once people got up. They said, “they turn people on their own”. Where it has been identified that people require the support of two staff for re-positioning. The practice of one staff member carrying out the task makes it not safe or appropriate.

We saw that staff were continually distracted when administering medication, which meant there is a risk of them making mistakes.

This above meant staffing levels were not adequate to provide safe, person centred, interactive and stimulating care and demonstrated a breach of Regulation 18 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014; Staffing.

We found recruitment and selection procedures were in place and the required information and documents had been obtained. This included, identification, references of their suitability to work with vulnerable adults and a Disclosure and Barring Service (DBS) check. The DBS helps employers make safer recruitment decisions and prevents unsuitable people from working with vulnerable groups, by disclosing information about any previous convictions a person may have. One of the three staff members files we checked did not have a reference from a previous employer where they had worked in health and social care. We identified this to the registered manager.

We observed people being given their medicines at lunch and tea time. Staff explained to people what the medicine was for, offering people a drink to help them take their medicines and supervising where appropriate.

We found that some people were not receiving their medicines in a safe way or at the correct times or intervals. For example, we saw the staff members who were administering medicines, not following good hygiene practice, for example, not wearing gloves and handling medication, placing tablets on the top of the medicines cabinet, before placing them into a medicine pot and using a medicines pot that was taken from a dirty bin, which had used tissues in it.

We heard one person asking for their medicines as they were in pain. They told us they had used their call alarm to attract staff’s attention and staff had come, but they had still not been given their medicines. This person was given their medicines at 9:50. When we looked at the medicine administration record (MAR) it stated 9:00. When we spoke to staff about this and that there was a risk the person could be given their next pain relief medicines before they were due. The staff member explained this would not happen, because medicines were given in the order of their names in the medicines file. This meant people’s medicines were not dealt with in accordance with their needs.

Is the service safe?

We saw that people did not have individual medicine plans about how their medicines were to be given to them and when. This included medicines where the dosage of those medicines may vary, for example, when a person is in pain or if a person becomes agitated. This meant there is a risk medicines may not be administered as intended or in an inconsistent way.

We saw people were prescribed medicines that needed to be taken in a specific way, for example, before their meal. We found the record for medicines showed that everyone received their medicines at the same time in the morning, lunch, tea and night. The actual time of administration was not recorded on the MAR, so there was no evidence that staff in the home were observing specific administration instructions for these medicines, although staff told us they did. We observed one person given this medicine after they had eaten their breakfast.

We found some people had not received their medicines as prescribed, for example, prescribed creams, medicine to be given before food and for one person where the dose of a particular medicine had been increased.

We checked a sample of the stock of medicines against that prescribed and recorded as administered. Some of these did not tally. For example, one person was administered paracetamol four times a day, two tablets. Eighty four tablets had been received, 30 had been administered, yet 60 were remaining.

Our findings meant medicines were not always being managed in a safe way and was a breach of Regulation 12 of the Health and Social Care Act 2008 (Regulated activities) Regulations 2014; Safe care and treatment

Is the service effective?

Our findings

The registered manager provided the policy manual where policies were dated 2012. The information they contained referred to regulations that had been updated. The registered manager confirmed the manual was not used and all procedures were in the process of being reviewed. This meant there was no guidance available to identify what training was required by staff and how often and the regularity of supervision.

Staff we spoke with said there were opportunities for staff training, but some of this was generally done in their own time, as they get distracted if they try to do this in work time. Staff spoken with said the training provided them with the skills they needed to do their job. The registered manager provided a training matrix, the record by which training and validation was measured so that training updates could be delivered to maintain staff skills. The training staff were provided with training relevant to their role including, health and safety, first aid, moving and handling, infection control, fire safety, medication, safeguarding, Mental Capacity Act (MCA) 2005 and Deprivation of Liberty Safeguards (DoLS) and dementia. The training matrix identified how long the training was valid for. We checked this and found there were staff who had not received or their training was invalid in MCA, DoLS and dementia.

We spoke with three staff members who administered medicines who told us they had completed a distance learning medicines training course, which included a questionnaire. Since their initial training they had not received any updated training. One of the staff members told us the deputy manager observed them administering medicines, but did not know if there was a record of this. Another staff member could not recall any observations by a competent person to ensure their competency to deal with medicines remained satisfactory. The registered manager provided training records and this confirmed staff had not received any training since their initial training, which for some staff was in 2012. The record identified some staff administering medicines had not received any training. The record showed staff competencies had last been checked over twelve months previously. The registered manager told us they were unaware of the situation with medicines training and competency.

For new staff, the registered manager told us staff were provided with an induction pack and carried out some training electronically. This was confirmed by staff when we spoke with them. The registered manager told us they had not yet implemented the Care Certificate, which guidance for the compliance of the regulations states they must have regard to.

Supervisions are accountable, two-way meetings that support, motivate and enable the development of good practice for individual staff members. Appraisals are meetings involving the review of a staff member's performance, goals and objectives over a period of time, usually annually. These are important in order to ensure staff are adequately supported in their roles.

Staff told us they received supervision and were given opportunity to discuss any issues or share information, but gave conflicting information as to how often this was undertaken. Staff we spoke with said the registered manager and the deputy manager were always approachable if they required some advice or needed to discuss something.

The staff supervision matrix was provided by the manager to confirm what staff had told us. The matrix identified gaps in supervision for some staff, particularly night staff. The registered manager confirmed there were gaps where supervision had not been carried out, but was unable to explain why.

The above demonstrates a breach of Regulation 18 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014; Staffing.

The Mental Capacity Act 2005 (MCA) provides a legal framework for making particular decisions on behalf of people who may lack the mental capacity to do so for themselves. The Act requires that as far as possible people make their own decisions and are helped to do so when needed. When they lack mental capacity to take particular decisions, any made on their behalf must be in their best interests and as least restrictive as possible.

People can only be deprived of their liberty to receive care and treatment when this is in their best interests and legally authorised under the MCA. The application procedures for this in care homes and hospitals are called the Deprivation of Liberty Safeguards (DoLS).

Is the service effective?

We checked whether the service was working within the principles of the MCA, and whether any conditions on authorisations to deprive a person of their liberty were being met.

We found there were people being deprived of their liberty, but that assessments and decisions had been properly taken and authorised. However, one of these authorisations had lapsed, which may mean people may be deprived of their liberty unlawfully. We found that the authorisations in place were being complied with. In addition, assessments lacked detail of why a person lacked capacity and records for best interest decisions lacked detail about the involvement of all relevant interested parties in the decision making process. For example, one person had been assessed in need of covert administered medication. There had been a formal MCA assessment, and a best interest discussion with the GP. There was no record of a discussion with a pharmacist which is one of the NICE recommendations in this process.

Initially the registered manager expressed some confusion in relation to when and how MCA assessments and best interest decisions should be undertaken. She had not described the connection between the MCA, consent and the formulation of a care plan, for example, a pro-forma consenting to “care, treatment and support” had been signed by a person living with dementia, in the absence of any assessment. However, the registered manager had undertaken all the necessary requirements to ensure that anyone whose liberty they believed they were depriving had been made the subject of an application for statutory authority from the local authority. This included ensuring appropriate steps had been taken within the process, including an appointed Independent Mental Capacity Advocate. In this way the DoLS legislation is being utilised as it was intended to protect people’s rights.

Staff we spoke had some understanding of the MCA and DoLS and could describe what this meant in practice. Some, but not all staff had been provided with training. This meant that staff had relevant knowledge of procedures to follow in line with legislation.

We checked the systems in place to ensure people were supported to have sufficient to eat, drink and maintain a balanced diet.

People’s nutritional needs had not always been assessed during the care and support planning process and people’s needs in relation to nutrition lacked detail in the plans of care that we looked at.

The dining room had sufficient tables for everyone to be seated there for meals, if they chose to do so. The dining room was large and airy, but at meal times it was noisy, which means it is not conducive for everyone using the service to eat their meal, for example, some people living with dementia are particularly affected by noise.

Our observation of meal times identified it could have been a more positive experience for people. This was because people were given their plated meal by staff, with no communication about the meal on offer or choices available. We saw all but one person had the same meal served to them. We observed one person was surprised when given a choice of drink on our first day of inspection. On the second day, no choice was offered. There was no table cloth or table mats. There was no light banter throughout the meal time.

Snacks and drinks were available for people between meals and we saw people having these.

We checked that people were supported to maintain good health, had access to healthcare services and received ongoing healthcare support.

Relatives we spoke with felt their relative’s health was looked after and they were provided with the support they needed. All of the relatives we spoke with told us that the care provided was ‘very good’.

In people’s care records we saw entries of involvement from other professionals with people’s care, including doctors, specialist nurses, opticians and dentists. This showed that people were supported with their health needs where required.

We checked that people’s needs were being met by the adaptation, design and decoration of the service.

We saw the layout of the lounges on the three floors were identical, with chairs sited along both of the longest walls. Windows were of a height that when people were seated they were looking out above ground level, which limited their enjoyment of watching day to day life that happened outside the home. We saw that chairs in the lounges had become worn with use, with padding to aid comfort in the seating area reduced.

Is the service effective?

Corridors were decorated in a way that highlighted the support rails along each side. Bedroom doors resembled house doors with knockers and numbers as well as, in many cases, small photos of the person and their name. They were all differently coloured to aid easy identification. Both relatives we spoke with did not know the number room of their relative but knew it by the colour of the door. There was clear signage identifying features along the corridors (such as street names), as well as pictures and freezers to engage people when they are walking round. In this way the premise was designed to aid navigation and identification. This is important for older people who may

have weakened vision or living with dementia and have difficulty with depth perception, spatial disorientation, altered colour perception and reduced ability to perceive contrasts.

There is a pleasant garden area. Although it is enclosed there is street access via a small metal gate which is at the top of steps leading from the garden. Access to the garden is via the activities room, the outer door to which remained open throughout the day. I saw that a number of people made use of the garden throughout the day, sometimes aided by staff.

Is the service caring?

Our findings

People we spoke with said they were happy living at Leahyrst and thought staff were kind and caring.

We viewed feedback from market research surveys that had been completed recently by 13 relatives. Everyone stated that staff were welcoming and approachable and treat their relative with dignity, privacy and respect. Comments included: “In all the time my mother has been in Leahyrst I have found everything and everyone to be of the highest standard”, “All aspects of mum’s care are excellent” and “Thank you for looking after my mum (who can be difficult at times) so well”.

People were addressed by their names and care staff seemed to know them and their families well. People were relaxed in the company of staff.

People and their visitors told us there was no restriction on when people visited the home.

We did not see or hear staff discussing any personal information openly or compromising privacy.

When we spoke with staff they were able to give examples of how they might maintain respect for a person. For example, closing doors when attending to people’s care to maintain their privacy and dignity. However, this did not always happen in practice. This was because we were in the room of a person cared for in bed and a member of staff just walked in and didn’t knock.

Our observations showed us there were some positive interactions between people and the staff supporting them. For example, one staff member explained to one person, whom they were encouraging to drink, what it was they were drinking and that it was ‘their favourite’ and stayed with them until they drank it.

However, there were times when staff did not put their training into practice and were not respectful of people and their personal preferences. For example, we observed people being served drinks from a drinks trolley. People were not asked what drink they would like. When we asked the staff member about this they said, “Some people will choose”. They then proceeded to ask future people what they would like. Another example was at lunch time meals were placed in front of people with no communication. One person looked at the member of staff and the staff

member said, “It’s steak” and then walked away. Another staff member said, “[Person’s name]”. They received no response from the person, but then said, “[Person’s name], eat your meat”, at the same time waving to them to try and get their attention. The person replied, “I’m still here”. Another example was staff referring to other staff ‘feeding’ people, which is derogatory to them and the needs they now have.

We also saw some examples of personal grooming not receiving sufficient attention and thereby compromising people’s dignity. For example, at least three females had facial hair on their chin that had not been attended to. This was referred to the registered manager to address for those people. We also saw people who appeared not to have had their hair brushed. We saw one member of staff brush one person’s hair with what appeared a communal brush as it was kept in a drawer labelled for ‘brush’ in an office on the middle floor.

Best practice (Social Care Institute for Excellence Report 70 Mental Capacity Act and care planning) recommends the recording of “social/life history” as one of the elements relevant to compliant care. This can be invaluable to staff in learning about people they care for. It can develop communication pathways that assist with orientation and even in de-escalation processes, as well as playing a large part in person-centred planning. There was inconsistency in the care plans we looked about this information. For example, there was a document named “Getting to Know You” that contained information on “Life History; Significant Life Events; Hobbies & Interests; Likes/Dislikes; Fears; Funeral Arrangements; Will; LPA,” but we found some people had detailed information, others minimal information and some no information. This meant information about a person’s life history was not always available for staff, in order that they can form meaningful relationships with people.

We saw evidence that information was provided to people who used the service about how they could access advocacy services if they wished, as an advocate had been allocated to a person as part of the DoLS process. Posters about advocacy services were also on display in the home. An advocate is a person who would support and speak up for a person who doesn’t have any family members or friends that can act on their behalf.

Is the service responsive?

Our findings

Relatives we spoke with were satisfied with the care provided. Comments included, “Carers do a good job, always pleasant and helpful. I have never had any reason to be concerned. When I have had concerns they have always been attended to, and if the staff have concerns they always raise them with me” and “Mum is happy, so I am happy. Little concerned about hygiene. They keep her clean as they can and her hand and toe nails are normally okay, but sometimes her feet are a bit smelly. She does not drink much, but they look after that and she does get enough to eat and drink. Her medical and hospital appointments are taken care of. I have no complaints about staff they are very sociable, very helpful. If I did have a complaint I would know what to do”.

Market research surveys had been undertaken with relatives for them to be able to provide formal feedback for assessment about their opinions on the quality of care provided. We viewed feedback from market research surveys that had been completed recently by 13 relatives. Comments relevant to this key question area included, “More stimulation required” and “Mum likes a shower, most if not every morning. I know she can’t have one, but when her hair is greasy, it’s not good”.

We also spoke with a healthcare professional visiting the service who told us they had no concerns and that staff were always helpful.

We found a number of people who were not able to communicate their needs verbally, but our observations were they looked comfortable and presented in a relaxed fashion. Those that could express their experiences verbally, were at ease doing so. For example, one person was quick to criticise the drink they were given in the afternoon, saying, “This coffee is crap”. Their remark was accepted in good humour, and a discussion ensued as to how this could be improved. Their drink was then taken away to be replaced with one that they said was “ten out of ten”.

The registered manager told us that pre-admission assessments, admission assessments, care plans and risk assessments were carried out. We found people’s needs had not always been assessed, including related risks associated with the provision of their care and care plans were not always in place or followed. For example, for one

person we saw a basic care plan was in place that had been reviewed. Prior to the review we found daily reports where the person displayed behaviour that challenged and on one occasion where this had placed the person at risk. There was no plan of care about the behaviour to identify for staff what action they needed to take to minimise the risk and meet the person’s needs.

There was no activities co-ordinator employed at the home. The registered manager confirmed the post of activity co-ordinator had been advertised and appointed to they were just carrying out all the pre-employment checks. This has meant that for several weeks people have not had activities or stimulation, which enhances the quality of life of people and maximises their potential for enjoyment.

One relative said, “There are no activities. People do some exercises but that is all. Mum likes crayoning, but there is nobody to help her. There used to be a breakfast club, she really enjoyed that. People who could, would help with the breakfast, butter their own toast, and so on, but now there are not enough staff, one or two have left”.

We looked in a sample of bedrooms. In two rooms we found the bedrooms were devoid of any personalisation as a result of the person’s destructive behaviours. In one case, the person did not have any of their clothes in their bedroom. People living with dementia who lack stimulation and activity can become bored and frustrated, and this can lead to behaviour that challenges. For one of these people we found an incident that could have been caused by a lack of stimulation and individual attention.

In a further file we found a person’s care plan had not identified the frequency when bed baths should be carried out for the person. We looked at the bath/shower record for this person and there were lengthy gaps when they had received a shower. A discussion with the registered manager identified the person had received a bath each week, but the records were haphazard and the record of this being recorded in different places within their care file.

Two care plans we viewed, the person had diabetes. There was no care plan or advice on the management of the condition. Two members of staff, as well as the deputy chef were spoken with whose responses were they were told what they had to do in regard to their diabetes. The

Is the service responsive?

registered manager assured us their needs were well known and met, in relation to their diet, and staff also felt confident that they knew who should have sugar free meals.

The fact that personal care needs may be met, as a consequence of staff's 'on the job' knowledge, a lack of records is an unsatisfactory and unsafe way to respond to people's needs as it relies on staff getting information from their peers, or managers, without any formal documentation in relation to it.

This showed the system and processes for auditing had not identified a lack of responsive action by staff, which may place/had placed people at risk of not receiving appropriate care and support to meet their needs. This was a breach of Regulation 17 of Health and Social Care Act 2008 (Regulated Activities) Regulations 2014: Good governance.

We saw chair aerobics being enjoyed by a number of people. This was paid for by those people, but where people lacked capacity there was no information in their files as to how the decision had been arrived at, that they paid for the activity because it was in their best interests.

People spoken with told us they did not have any concerns or complaints and if they did they would speak with staff or a family member. The complaints process was on display at the service. We reviewed the service's complaints log. We found the registered manager had responded to people's and/or their representative's concerns, investigated them and taken action to address their concerns.

Is the service well-led?

Our findings

The manager was registered with CQC. She told us she felt in general they had an excellent staff team. Her philosophy was happy staff, lead to happy residents and atmosphere and that she always tells staff 'they're working in their home'.

People and relatives we spoke with told us they knew who the registered manager was and said they were approachable and would deal with any concerns they might have.

The registered manager told us there were no relative/resident meetings at the current time, but feedback was taken informally when relatives visited. However, market research surveys had been undertaken with relatives for them to be able to provide formal feedback for assessment about their opinions on the quality of care provided. We viewed feedback from market research surveys that had been completed recently by 13 relatives. The majority had positive comments about the service.

All staff we spoke with said they were a good team and could contribute and felt listened to. They told us they enjoyed their jobs and the management was approachable and supportive.

Three staff meetings had been held in the last twelve months. Discussion points included care plans, items important to people's care, DoLS, new approach inspections and records.

We observed the registered and deputy manager around the home and it was clear that they both knew the people living at the home and their visitors very well. We saw that people living at the home, visitors and staff freely approached the registered and deputy manager to speak with them.

The registered manager was aware of the home's obligations for submitting notifications in line with the Health and Social Care Act 2008. The registered manager confirmed that any notifications required to be forwarded to CQC had been submitted and evidence gathered prior to the inspection confirmed this.

The registered manager provided the policy manual where policies were dated 2012. The information they contained referred to regulations that had been updated. The registered manager confirmed the manual was not used

and all procedures were in the process of being reviewed. This meant there was no guidance available for staff to guide them as to the procedures they needed to follow and what was expected in regard to the operation of the service. Neither was there guidance available for us to follow to check the service were following their own policies and procedures in regard to the regulations.

We spoke with the registered manager about how they assured themselves of the quality of the service provided. They confirmed that until recently observations of staff competency in their role had not been carried out and there had been no oversight of staff working nights in the last twelve months. They told us there were a variety of audits in place and provided these.

We looked at the latest health and safety audit. This included an audit of the premise, electrical safety, emergency arrangements, fire safety, hazardous substances, food hygiene, moving and handling training, water safety and accidents/incidents. We found this had been ineffective in practice. For example, we found an action plan was not in place to monitor any improvements that were needed or had been made. The comments made in each section were generic and not specific to provide any measure for improvement. It did not correspond to the registered provider visit that happened during that time. For example, the health and safety checklist stated carpets were in good order, the registered provider visit highlighted a new carpet was required in one of the main lounge. In regard to décor, the health and safety checklist comments were décor in the home is always ongoing, yet the registered provider visits about décor were clear and had not been ticked as completed.

The registered manager told us the registered provider did visit the service and produced action plans for improvements with the environment. We looked at the last two visits, completed 15 months apart. The visit related to improvements with the environment. We found they had not been effective in practice as the second visit, identified some of the same improvements on the next visit. The records did not show demonstrate the actions to improve the service had been completed.

We were provided with the last two medication audits. Again, these were ineffective in practice as where the audit

Is the service well-led?

had identified failings, there was no action plan to identify how improvements were to be made, despite this being included in the guidance notes on completing the audit and the same failings identified at the next audit.

The registered manager told us care file audits were undertaken and filed in the actual care file. In the care files we looked at no audits had been undertaken.

We found there was a falls/accident record in place to identify the number of falls each month and by whom. We found this had been ineffective in practice as the section to identify any patterns was not completed as intended, for example, times, places and type of fall/accident.

We also found there was a lack of monitoring that the staffing levels were sufficient to meet the needs of the service and meet people's needs in a person-centred way.

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

This section is primarily information for the provider

Enforcement actions

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

Regulated activity

Accommodation for persons who require nursing or personal care

Regulation

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

Care and treatment was not provided in a safe way for service users, including:

- a) assessing the risks to the health and safety of service users receiving the care or treatment
- b) doing all that is reasonably practicable to mitigate any such risks and
- g) the proper and safe management of medicines

The enforcement action we took:

Warning Notice

Regulated activity

Accommodation for persons who require nursing or personal care

Regulation

Regulation 17 HSCA (RA) Regulations 2014 Good governance

Systems and processes were not always established and/or operated effectively to ensure compliance including:

- a) assessing, monitoring and mitigating the risks relating to the health, safety and welfare of service users and others who may be at risk arising from the carrying on of the regulated activity
- c) maintaining an accurate, complete and contemporaneous record in respect of each service user, including a record of the care and treatment provided to the service user and of decisions taken in relation to the care and treatment provided

The enforcement action we took:

Warning Notice

Regulated activity

Accommodation for persons who require nursing or personal care

Regulation

Regulation 18 HSCA (RA) Regulations 2014 Staffing

This section is primarily information for the provider

Enforcement actions

Sufficient numbers of suitably qualified, competent, skilled and experienced persons were not deployed in order to meet service user's needs.

Persons employed by the service provider in the provision of the regulated activity had not received appropriate training, supervision and appraisal as is necessary to enable them to carry out the duties they are employed to perform.

The enforcement action we took:

Warning Notice