

Mr Kevin Hall

# Acorns Care Centre

## 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 

# Summary of findings

## Overall summary

We carried out this unannounced comprehensive inspection on 10 October 2016. This inspection was undertaken to ensure improvements that were needed to meet legal requirements had been implemented by the service following our last inspection on 23, 26 February and 14 March 2016. Acorns Care Centre is registered to provide accommodation and support for up to 39 older people. The service provides residential and nursing care as well as care for people living with dementia. The home provides single occupancy rooms with en-suite facilities, across three floors. There were two communal lounge areas located on the middle and top floor. The home had a large dining area on the ground floor. The home was serviced by one lift. At the time of the inspection there were 36 people living at the home.

At our previous inspection, we had found multiple breaches of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014 in relation to; person-centred care, dignity and respect, consent, safe care and treatment, safeguarding service users from abuse and improper treatment, premises and equipment, receiving and acting on complaints, good governance and staffing. The home was rated as 'Inadequate' overall and in four of the five 'key questions' against which we inspected. As a result of our findings, the home was placed in to special measures which meant they would be kept under review.

Although we found the home had made significant improvements in several areas, we did identify continuing breaches of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014. These were in relation to medication, complaints, good governance and staffing.

We looked at how the service managed people's medicines. At the last inspection on 23, 26 February and 14 March 2016 we had concerns regarding the suitable management of people's medicines and this was a breach of Regulation 12(2)(f)(g) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

At this inspection we found continuing breaches regarding medicines management. We found people were given most of their medicines at the times they were prescribed and systems had been implemented to ensure safe intervals between doses of medicines. However, we found antibiotics had not been administered prior to food and people had missed medications due to stock not being available. There was no information recorded to guide nurses when administering medicines which were prescribed to be given "when required" (PRN).

Cream records were inconsistent and we found creams that were required twice daily had only been signed by staff as administered once daily. Records regarding the use of thickeners were also inconsistent but staff were able to demonstrate that drinks and fluids had been thickened to the required consistency.

We looked at records of people's food and fluid intake and found they were not always maintained accurately by staff. We saw food and fluid records were not completed as people ate their meal and felt that staff could not be sure what people had eaten when records were completed retrospectively.

Due to accurate records not being maintained, this meant there had been a continued breach of regulation 17 (2) (c) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014 in relation to Good Governance.

At our last inspection, we found there were not sufficient numbers of staff effectively deployed to meet people's needs. At this inspection, we observed staff responding to people in a timely way and observed a staff presence on each of the three floors of the building.

All the people we spoke with told us they felt safe living at the home. The home had suitable safeguarding procedures in place and staff were able to demonstrate that they knew how to safeguard people and follow the alert process. Appropriate employment checks had been conducted before new staff commenced employment in the home.

Staff told us they felt supported but we found staff had not received supervision as frequently as identified in the homes policy. Staff had not received an annual appraisal and we found gaps in staff training records. This was a continued breach of Regulation 18(2)(a) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

We observed breakfast and lunch whilst conducting the inspection. Tables were laid with table cloths and condiments. We saw the meal time experience was not rushed and people were appropriately supported.

We found there were appropriate records relating to the people who were currently subject to deprivation of liberty safeguards (DoLS). There was documentation of techniques used to ensure restrictions were as minimal as possible. There were appropriate MCA assessments in place, which were linked to screening tools and restrictive practice tools which outlined the issues and concerns.

We observed people living at the home were living with sensory impairment, memory issues or living with dementia. We saw improvements had been made to the environment, pictorial signs had been purchased, a sensory room was available and there were further plans to make themed corridors.

People living at the home and their relatives were complimentary about the care provided. Staff treated people with kindness and respect. There was an identified dignity champion and people's privacy and dignity was maintained.

Each person who lived at the home had their own care file. We found care plans were not person-centred and did not identify people's individual goals. The care plans were prescriptive detailing how care was to be delivered and did not incorporate individualized, measurable and achievable goals. We have made a recommendation about person centred care planning.

We found that care plan reviews and evaluations had not been completed in conjunction with people. There were also inconsistencies in capturing and the recording of people's life histories.

There had been an activities coordinator appointed since our last inspection and we saw that there was a comprehensive activities programme and social activities facilitated daily. People spoke positively about the activities programme and the changes that had occurred since the last inspection.

The registered manager was unable to locate the complaints file during the inspection so we were unable to ascertain progress made since our last inspection. This was a continued breach of regulation 16 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014 in relation to complaints.

Staff told us morale was good and we observed staff were motivated and worked well together. We received positive feedback from people regarding the management and they told us that they would recommend the home to others.

We found some improvements had been made in regards to seeking people's feedback regarding the quality of the service through resident meetings and surveys. However, this required further strengthening to demonstrate how suggestions for improvement were followed up and actioned.

We found provider audits had still not been implemented. The registered manager told us that a number of audits had recently been introduced but were not yet fully operative. This was evident in the continued breaches found during this inspection.

Prior to this inspection, the registered manager and provider had worked closely with the local authority to action shortfalls identified at our previous inspection. The registered manager was honest and transparent throughout this process and during this inspection. The registered manager acknowledged that further progress was required but recognised the improvements made and was complimentary about the staff and support received to achieve this.

The registered manager demonstrated a commitment to address the continued breaches in a planned and structured way. Following the inspection, we received confirmation that they had commenced addressing the shortfalls which we had identified at the end of our inspection.

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

We always ask the following five questions of services.

### Is the service safe?

**Requires Improvement** ●

The service was not consistently safe.

Staffing levels were sufficient on the day of the inspection to meet the needs of the people who used the service.

Recruitment practices were robust and staff demonstrated a good understanding of potential signs of abuse and safeguarding procedures to keep vulnerable people safe.

The service did not have appropriate arrangements in place to manage medicines safely.

### Is the service effective?

**Requires Improvement** ●

The service was not consistently effective.

Staff demonstrated a good understanding of MCA (2005) and DoLS applications had been submitted appropriately to the local authority.

Risk of malnutrition assessments and fluid records required strengthening but we observed people were given sufficient amounts of fluid and food on the day of the inspection.

There were gaps in staff training records and supervisions had not been conducted in line with the organisations policy.

### Is the service caring?

**Good** ●

The service was caring

People told us the staff treated them with kindness, compassion and respect.

People's independence was promoted.

People's privacy and dignity was respected and maintained.

### Is the service responsive?

**Requires Improvement** ●

The service was not consistently responsive.

People were actively encouraged to maintain their relationships and there was an activities programme to reduce the risk of social isolation.

Care plans were not person-centred and were not reviewed in conjunction with people living at the home.

There was a complaints policy but the registered manager was unable to demonstrate complaints had been responded to.

### Is the service well-led?

The service was not consistently well-led

The management were visible to staff, relatives and people who used the service and we received positive feedback about their leadership from people, their relatives and staff.

The provider had failed to provide quality assurance or oversight of the home.

We found confidential information about people's care wasn't always kept secure.

**Requires Improvement** 

# Acorns Care Centre

## 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.

The inspection was undertaken by two adult social care inspectors and a pharmacist inspector from the Care Quality Commission (CQC). Before the inspection we did not request a Provider Information Return (PIR). Prior to the inspection we reviewed information we held about the home in the form of notifications received from the service such as accidents and incidents. We also reviewed statutory notifications and safeguarding referrals.

At the time of the inspection there were 36 people living at Acorns Care Centre. The home provides single occupancy rooms with en-suite facilities, across three floors.

Throughout the day, we observed care and treatment being delivered in communal areas which included communal lounges and dining areas. We looked at the kitchen, bathrooms and external grounds and we asked people and visitors for their views about the home. During our inspection we spoke with the following people:

- Six people who used the service
- Two visitors
- Eight members of staff, which included; the registered manager, nursing staff, carers, and the activities coordinator.

We looked at documentation including:

- Eight care files and associated documentation
- Four staff records including recruitment, training and supervision.
- 15 Medication Administration Records (MAR)
- Audits and quality assurance
- Variety of policies of procedures

- Safety and maintenance certificates

We liaised with external professionals including the local authority and local commissioning team. Environmental Health and Infection Control informed us of significant improvements since our previous inspection and we have detailed these within the body of the report. We also reviewed previous inspection reports and other information we held about the service.



# Is the service safe?

## Our findings

The people we spoke with consistently told us they felt safe living at Acorns Care Centre. People told us; "I live on the top floor of the building which makes me feel safe. I've had problems with safety where I was previously but not here." "I feel a lot safer here than at home where I was falling." "It feels secure and I have never felt unsafe since living here." "I feel safe, if I hadn't have come here, I wouldn't be here now. I go out in my wheelchair and they always make sure the lap belt is fastened." A relative said; "Never had a concern that [person] wasn't safe here. Never in a million years."

At our last inspection in February and March 2016, we found medicines were not handled safely and following our visit we told the provider that action must be taken to improve the safe handling of medicines. As a result of our previous findings, a pharmacist inspector supported this inspection to look at how people's medicines were managed. We looked at 15 medication and administration records (MAR). We found some improvements had been made since our previous inspection but found some actions remained outstanding which we informed the registered manager about on the day of the inspection.

At this inspection, we found people were given most of their medicines at the times they were prescribed and systems had been implemented to ensure safe intervals between doses of medicines. Stock counts were in place which ensured medicines were accounted for. However, further improvements were required to demonstrate that all aspects of medicines were handled safely.

At this inspection we found medication was not obtained safely. We found that seven people missed doses of their prescribed medicines for between one and ten days because there was no stock available in the home. Missing doses of medicines can place people's health at risk of harm.

We found medicines were not always administered safely. Some medicines needed to be given before food but we saw some medicines, such as antibiotics, were not given before meals as prescribed. When we asked the nurses why this had occurred, they were unaware of the directions for administering antibiotics and as a result infections may not have been treated effectively.

There was no information recorded to guide nurses when administering medicines which were prescribed to be given "when required" (PRN). This included medicines prescribed for anxiety, pain and constipation. There was also no information to guide staff when to commence administration of anticipatory drugs which were used when people were very poorly. Furthermore, there was no information available to guide nurses when a variable dose of medicine was prescribed to support nurses to administer the most appropriate dose of medicine. This exposed people to the risk of their medicine not being given consistently and people could experience unnecessary discomfort as a result.

Medicines which were stored in the medication room were stored safely and at appropriate temperatures which were monitored daily. However, prescribed creams were not stored safely in people's bedrooms and a risk assessment had not been completed to determine it was safe to store creams in bedrooms.

This was a breach of Regulation 12(2)(f)(g) of the Health and Social Care Act 2008 (Regulated Activities)

At our last inspection we found staffing levels were not calculated using any formal method based on people's dependency. We also noted that deployment of staff was ineffective and the ground floor was left unattended by staff for prolonged periods of time. At this inspection, we found the registered manager had a dependency tool but they told us they were in the process of considering alternative tools as they did not feel it was sufficient for the home's needs.

People told us; "At times they can be short staffed, but I have never been left waiting for anything substantial." "I can't speak for everybody, but I am well looked after. Sometimes I have to wait but its fine. I can't always have preferential treatment." "I don't think there are enough staff but the staff are excellent and they do cope. If I use the call bell, there may be a delay but they always come when they can." "We never go without whilst living here and I feel we get everything we need."

We arrived at the home at 07.00 and found the home was staffed by a nurse, the registered manager and three care staff. The registered manager told us they had come in earlier as a member of staff had left due to sickness. At 08.00, the day shift commenced, with the staffing levels consisting of the registered manager, a nurse and six care assistants.

We saw improvements during this inspection and found there were sufficient numbers of staff, effectively deployed to meet people's needs. For example, we observed one person in their bedroom shouting for help and a member of staff responded promptly and provided assistance. We saw staff assisting people to the toilet without delay, supporting people one to one with meals and helping people to mobilise. Staff deployment was effective, there approach was coordinated and there was a staff presence on each of the floors.

On arrival at the home, we were informed that the call bells had stopped working three days prior to our inspection visit. At our last inspection we had found people did not consistently have their call bells in reach to enable them to request assistance if required. At this inspection in response to the call bells not working, the staff had implemented 15 minute observations and checked on everybody to offer assistance. Throughout the inspection, we saw staff leave the room within this timeframe to complete the observations. The registered manager had devised a record that staff signed to demonstrate the observation had been completed every 15 minutes for each person. We saw there was no omissions in signatures on the documentation and that observation had commenced promptly following the call bell system failing. The registered manager told us the provider had contacted the engineer and we saw them arrive whilst we were undertaking the inspection. Prior to us leaving Acorns care centre, the call bells had been fixed and we observed that call bells were in reach of the people we spoke with during the visit.

Following our last inspection, we made three safeguarding referrals to the local authority as risks to people's health and welfare were not appropriately assessed and managed, which had resulted in avoidable harm. During this inspection we looked at eight care records and saw people had the following assessments completed in relation to mental health, communication, personal care, pressure, eating and drinking, nutrition, moving and handling and falls. In the care records we looked at we found when a risk had been identified, there was up to date guidance available for staff to follow to manage the risk.

We saw the home did not complete the (MUST) malnutrition universal screening tool and when we transferred the information from the risk assessment completed for one of the people at Acorns care centre to the MUST, the risk score changed and the indicator for risk increased. We looked at people's weights to

ascertain whether we could identify anybody that could have been exposed to avoidable harm as a result of not completing MUST and looked at their care files. We found that people had not been exposed to avoidable harm, but we informed the registered manager of our findings and they told us they would replace their assessment with the MUST.

We also looked specifically at the documentation and management of pressure care for two people who staff identified as having pressure sores that were not healing. We found appropriate, up to date care plans were in place for the management of the pressure site. The body map, review documentation, communication record, handover logs demonstrated the pressure site was being attended to within the required timeframes identified in the care plan. We confirmed pressure relief was being provided within the required timeframes through speaking with staff and verifying what we were told with the records. We saw appropriate medical advice had been sought and the required equipment was in use for these two people. However, there was one person we looked at the documentation for which identified the person as being at high risk of developing a pressure sore. Their care plan indicated that to mitigate the risk of them developing a pressure sore they needed to be sat on a pressure relieving cushion. Throughout the morning of the inspection, the person was observed to be sat on a normal chair without the required equipment.

We saw that falls were monitored and triggers or trends were identified and evidenced. We saw learning from incidents or investigations took place and appropriate changes were implemented, including the action taken to minimise the risk of further incidents. For example, one person had experienced a number of falls and we saw that a body map had been completed, risk assessment and care plan had been updated, the observations on the person had been increased in order to offer timely intervention. The person had also been referred to their GP for a medication review and referred to the care home liaison team for assessment. A bed rail and alert mat risk assessment had been completed but concluded that they would extenuate the risk.

Prior to conducting the inspection, we liaised with environmental health and infection control as both stakeholders had raised concerns with the service prior to us undertaking our last inspection and we found at the time of our inspection In February 2016, the required actions had not been implemented. Prior to undertaking this inspection we received positive feedback regarding the commitment to improvement and progress the service had made.

On arrival at Acorns care centre, we saw the bins were clean and there was no rubbish surrounding the area. Inside we saw the handrails were clear as intended for the purpose of promoting people's mobility and they were no longer being used to dry people's clothes. We saw fire doors were not obstructed and although some fire doors were open they had been fitted with a fire door guard which meant they would close automatically when the fire alarm sounded.

We noted the entrance to Acorns care centre had been decorated since our previous inspection; the homes corridors had been painted, carpets had been replaced. The environment was clean and there were no offensive odours noted on any of the floors throughout the inspection. There were cleaning schedules in place for carpets, rooms, mattresses and hoist slings. Staff were observed to wear personal protective equipment (PPE) when required, pedal bins had been replaced, hand gels were available on entrance and on the corridors, appropriate hand wash signs were displayed in bathrooms and soap, paper towels were well stocked. Cleaning schedules were displayed on the back of the bathroom door which we saw had been signed and were up to date.

The risk of cross contamination had been removed as the suction machine had disposable stock which meant tubes and liners were for single use and discarded after each use. Blood glucose monitoring

machines had been calibrated and we saw a metal trolley had been purchased for use as a dressing trolley. First aid boxes were well stocked and available on each corridor.

We looked at the homes safety documentation to ensure the home was appropriately maintained, safe and that checks were undertaken in line with legislation. We found gas and electricity safety certificates were in place and up to date. We saw all lifts, hoists and slings were serviced as per guidelines and records evidenced this. Call points, emergency lighting, fire doors and fire extinguishers were all checked regularly to ensure they were in working order. Weekly legionella checks were undertaken and the taps were run for five minutes whether they had been in use or not. The fire service had conducted a visit in July 2016 and we saw the recommendation made had been actioned promptly and at the time of the inspection had been signed off as completed.

There were individual emergency evacuation plans (PEEPs) in place that would help ensure staff were aware of individual's support requirements in the event that an emergency evacuation of the building was required, such as in the case of a fire.

The home had an up to date safeguarding policy and procedure in place. Staff were knowledgeable about potential signs of abuse and demonstrated they were aware of the reporting process. The homes safeguarding policy required alignment with the local authority framework but the registered manager was aware of this and training and discussion were already underway. Staff told us; "We report everything straight to the manager. Signs could include changes in a person's behaviour or marks on a person's body. If a person was being shouted at by a member of staff that would be verbal abuse." "Ensuring people don't come to harm as a result of mental, verbal, financial or physical abuse." "To make sure people are not in any danger and to prevent abuse. I'd speak to my manager and if it wasn't dealt with properly I would not be afraid to go higher." "Abuse could be physical, emotional, financial, mental abuse, sexual and we would recognise it if the person was withdrawn, had bruising, emotional changes, hiding things, didn't have money, was wearing extra clothes, showed signs of quick successive mood changes and becoming angry, tearful or over familiar. I'd report any of these things to the manager and if required whistle blow to CQC if it wasn't followed up properly."

People were protected against the risks of abuse because the home had a robust recruitment procedure in place. Appropriate checks were carried out before staff began working at the home to ensure they were fit to work with vulnerable adults. We had found no concern with recruitment during our previous inspection so at this inspection we looked at three staff personnel files to confirm this was still the case. Each file we looked at contained application forms, DBS (Disclosure Barring Service) checks and evidence of references being sought from previous employers. There were also interview notes and what the responses had been to questions asked. These had been obtained before staff started working for the service and evidenced to us staff continued to be recruited safely.

## Is the service effective?

### Our findings

The people living at the home and their relatives told us they thought the staff were good at their job and had the correct knowledge and skills to provide effective support. People told us; "Staff seem well trained." "Staff are knowledgeable." A relative said; "So far this place has saved my life. My quality of life has improved. [Person] is clean and well cared for. It feels good."

We looked at the induction programme. We saw that only one new member of staff was in the process of completing the care certificate. The Care Certificate is a set of standards that social care and health workers maintain to perform their duties. It is the new minimum standards that should be covered as part of induction training of new care workers. The registered manager explained they were encountering difficulty accessing the training as when free training was offered they were told that it didn't include the care certificate. However, we were aware that the local authority had previously informed the registered manager where this training could be accessed and this had not been explored further at the time.

Staff did not raise an issue with their induction. Staff told us; "I got an induction and was able to work alongside the other nurses. It was good." "The induction was good. I was shown all the various systems, read all the care plans and was introduced to the residents. I had already previously worked in care and carried a lot of my certificates over." "It covered shadowing, fire training and familiarising yourself with the building. It gave me everything I needed."

We looked at the training and support staff received to enable them to undertake their work effectively. At our previous inspection, we found the registered manager at that time had not completed the actions identified in the infection control audit on 01 December 2015 when a timeframe of one month for completion had been indicated. In March 2016, nursing staff still required up to date training to insert catheters and perform enteral feeding procedures. At this inspection we found this had been completed.

We looked at the training matrix which showed some staff has completed training in relation to catheter care, safeguarding, infection control, moving and handling, medication and health and safety. Staff told us there were opportunities to undertake both e-learning and face to face sessions with Wigan Council. There was 36 staff listed on the training matrix, which the manager said was an accurate reflection of training undertaken. We noted there were gaps on the training matrix where either training had not yet been undertaken and refresher courses had not been scheduled. For example; only 58% of staff had completed moving and handling, safeguarding was 72%, mental capacity act was 22%, DoLS 53%, first aid 56%, infection control 69% and health and safety 66%. We saw a sign in the office promoting attendance at the dementia awareness training and person centred care but the registered manager unable to identify how many staff would be able to attend these training dates.

Staff told us; "The majority of the training is done by e-learning and some is face to face as well. I feel I have a decent knowledge, but I think they could provide more." "I've done DoLS and safeguarding recently. I've not had recent moving and handling, but I did it in my previous job. I feel very confident using the hoist though."

"I think there is sometimes too much training available. I've done safeguarding, moving and handling, DoLS and dementia. We are told not to hesitate if we need more. I'd waited two years previously to do my NVQ 2, but it was sorted straight away here."

The supervision policy and procedure stated that all staff should receive supervision six times a year. Staff told us; "Supervisions do take place and it's a good chance to discuss what is going on." "I had supervision with the manager about a month ago." We have them every six weeks. It's a chance to discuss work and concerns in confidence." We looked at the systems in place to ensure staff received appropriate supervision to support them in their roles effectively. We were shown a supervision matrix which identified that only six supervisions had been done since the previous inspection was in August 2016. The records we did see provided a focus on work place discussions, concerns and worries, personal development, timekeeping and attendance, performance, team working and feedback. There were no annual appraisals completed.

This was a continued breach of Regulation 18(2)(a) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

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 procedure for this in care homes and hospitals are called the Deprivation of Liberty Safeguards (DoLS). We checked whether the staff were working within the principles of the MCA, and whether any conditions on authorisations to deprive a person of their liberty were being met.

At our previous inspection we found the service was not compliant with the mental capacity act and DoLS. The management at that time demonstrated little underpinning knowledge of the act and their legal requirements. We also found people had been deprived of their liberty without legal authority. We'd also found mental capacity assessments and restrictive screening tools had not been completed for people considered not to have capacity to consent to their care and treatment. Following the inspection in February and March 2016, we contacted the local authority to express our concerns and to ascertain whether training and support was available. We were informed by the DoLS team that the registered manager at that time had already made contact requesting support and a date had been scheduled.

At this inspection we saw people that required a DoLS had them in place. We found mental capacity assessments and restrictive screening tools had been completed appropriately prior to the standard authorisation request being submitted to the local authority. We saw the registered manager had devised a matrix to monitor applications and local GP practices had been informed when an authorisation had been granted. We saw best interest meetings had been conducted and care plans detailed least restrictive practices. The registered manager and staff demonstrated confidence when discussing mental capacity and DoLS. Staff told us; "I couldn't tell you off the top of my head who is subject to DoLS but if I need to know, it would be in the care plan." "When somebody can't do things for themselves due to capacity, I think a DoLS would be required. Best interest meetings are also important in these cases." "MCA relates to if people have capacity to make decisions. It's decision specific."

We saw people had consent forms in their files but these were not consistently completed by the person



themselves and had had been signed by a member of staff. The record said; people had given verbal consent. This was in relation to providing consent for answering questions, physical examination, photographs, care plans being read and being involved in their care. We saw some consent to examination or treatment policy signed by the person and the monthly review signed by a staff member. People told us; "They never do things without asking and they check it is what you want." "Since I've been here, I've never known them do something without asking." "The staff never just presume things. They check it's what you want." A staff member told us; "We ask people before doing things. It's important to give people options as it is their choice if they want help or to do something. I'll go back to people later on if they are refusing."

We looked at how people were supported to maintain good nutrition and hydration. People living at the home had nutrition care plans in place which detailed people's dietary needs. For example; If the person needed a specialised diet such as if they were diabetic, or required their food pureed. If people were prescribed thickened fluids this was also recorded. However, we found the nutrition care plans lacked guidance regarding the level of support people required at meal times and whether people were able to eat and drink independently or not. This presented the risk of staff not having accurate information to ensure people received appropriate nutritional intake.

We observed the mealtime experience at breakfast and lunch. People were offered to go to the dining room at breakfast and we noted that the tables were set with a tablecloth, flowers and condiments were on the table. People were offered a variety of cereals, porridge, toast and a cooked breakfast. We saw people were provided choice throughout the meal and it was a relaxed and social time. Lunch was served in the lounge and consisted of sandwich and soup. People were offered dinner choices earlier in the day so that the chef could cater for these in the evening. The chef indicated that people did sometimes change their mind when their choice of evening meal was served and we observed when this occurred these changes were catered for. We saw the chef held a list of people's dietary needs in the kitchen and when we asked the staff what they were they demonstrated the required knowledge to meet people's requirements. We observed people that required mashed or pureed diets received them and those people that required their drinks thickened were done so to the correct consistency. People told us; "The food is good. It's always been of a good standard since I have lived here." "It's all good stuff. It's plain, just how I like it. They have a very good cook here as well." "The food is alright. There always seems to be a choice of something. The staff come round in advance of the meal and ask what I would like." "The food is alright. I am very fussy but I like pasta and jacket potatoes. When I ask for them, I get them."

We saw adaptations had been made to the environment that would help people living with dementia to retain their independence in the home. This had been an area of improvement since the last inspection where we had raised concerns. The adaptations included pictorial signs on doors and the development of a sensory room. There were further plans to make the home more dementia friendly which were in the process of being discussed with people living at the home and their relatives at meetings. This included themed corridors with people living at the home having recently decided at a resident meeting that they wanted the ground floor to be a Wigan warrior's themed corridor. There were also discussions underway regarding people's bedroom doors regarding how best to personalise these to support people with orientation.

We saw people had access to health professionals as necessary. There was an ancillary visits record in people's care files detailing any appointments they had attended, if they had been referred for further advice, or if they had been visited at the home. Some of the professionals involved with people's care included; GP's district nurses, dieticians, podiatrists and the diabetic team.

## Is the service caring?

### Our findings

The people we spoke with were consistently positive about the care provided and the staff that supported them. People's comments included; "It's alright and I feel I have done very well since being here. They always get the doctor when I need them and don't mess about. The staff are brilliant and they can't do enough for you." "I'm quite happy here and I am satisfied. I was falling a lot recently but that's got better as a result of the care here. They provide good care and I love it here. The staff are great. They are friendly and helpful. I only need to ask and they will do what they can for me." "The staff are really nice and also very friendly which is what you need. They all seem very warm which is nice." "The staff are excellent. The care is the best thing about this home." "I cried when I gave up my home to come here. Now I'd cry if you told me I had to go back home. That's how much I have settled here."

Relatives told us; "The staff are great, every one of them. They are excellent here." "Staff are dedicated. [Person] needed new clothes and they went and got them in their own time. The staff have always been absolutely outstanding. They have exceeded my expectations time and time again. It's always been that way, for the several years [person] has lived here."

During the inspection we spent time observing the care provided throughout the home. We saw appropriate displays of affection between people and staff. For example, we saw staff rub people's arm to reassure them and people take staff's hand when they required comfort. We observed staff crouch down on one knee or sat on chairs when speaking with people. This meant staff were not standing over people and were at the same eye level to facilitate better communication. We also saw staff took the time to explain what they were doing during care interventions and maintained a dialogue of communication which supported people to remain calm.

Staff demonstrated they knew people well and were observant and responsive to people's needs. For example, we saw two people express that they felt cold and the staff promptly provided both people with blankets. The staff member tucked the blankets around the two people and returned 10 minutes later to enquire whether they still felt cold. One person had a mark on their cardigan and the carer offered to take the person back to their bedroom to change. We heard the person accept and express their gratitude. One person had no cigarettes and was upset but a staff member gave them one of theirs and accompanied them outside.

The staff we spoke with told us they felt things had significantly improved since our previous inspection and expressed feeling proud of the care they provided. Staff spoke of people with fondness and a staff member told us; "People live here, it's their home. It doesn't matter what's going on in my life. I always make sure I am smiling and that people are well cared for."

We looked to see how the home respected people's rights and maintained people's privacy and dignity. At our previous inspection, we saw that all the bedroom doors were wedged open at night which meant



people's privacy was not being maintained. At this inspection we saw some people's doors were wedged open but we looked in their care plan and found that this was their personal choice.

We saw the home had an identified dignity champion. A dignity champion is a designated person who is passionate about maintaining people's human rights and provides support to the team to achieve this. The dignity champion conducted dignity audits to ascertain from people whether their dignity was being maintained. The dignity champion optimised opportunities to promote dignity awareness. At the home's garden party, people living at the home did a dignity balloon release. During the Olympic games, the home held an awards ceremony and people received a certificate and medal in celebration of a personal quality.

People told us they felt the staff treated them with dignity and respect. People told us; "They treat me as a normal human being and that everybody is equal. Staff always check that it's okay before they come into my room." "I'm treated with respect and I am never made to feel embarrassed in the slightest." "Yes definitely. They always seem to have a lot of patience with me I've noticed." "I want my door left open but they still knock before entering." "Knock before coming in; make me comfortable when attending to personal care. Always treat me with respect."

We saw staff treating people with dignity and respect. We saw staff were discreet when supporting people with personal care and closed doors. Staff told us; "I knock on doors and ask things discreetly such as changing a person's pads. Closing curtains during personal care is important as well." "If I am helping people to get dressed, I will close doors and curtains. People like privacy so I will knock before entry."

A relative said; "They let [person] leave their door open. I feel better knowing that they are not sat behind a closed door. Staff just pop in for a chat."

People told us staff promoted their independence where possible. People told us; "I can dress myself and get into the shower. Staff are always there to help if I need them." "They do let me do things for myself and are very good." "The staff are always encouraging me to get out of bed, onto the chair and to try and walk a bit." Staff told us; "If people can do things for themselves then let them. Never take that away from them." "Let people do as much as they can. If they are struggling then that's when we need to step in." "I wouldn't go out but they've got me going out again. I go with the activities coordinator shopping and I've built confidence now to go with my family."

A relative told us; person's bedroom was decorated before they moved in. Their relative told us they loved the [person's] bedroom. The person's room was emulsioned prior to them moving in. The bedroom was personalised with pictures, personal photographs, lamps and clocks. The relative said that they were told it's person's room and that they can do whatever they want. They said they were able to knock nails in to the wall.

## Is the service responsive?

### Our findings

We asked people and their relatives whether people living at the home received care that was responsive to their needs. People told us; "The staff assist me to wash, dress and to walk. They are always there when I need them." "Anything I want, I get. They always assist me to have a bath and a shower as I can't do all that myself." "Yes they are responsive. If you want anything, I only need to ask."

Relatives said; "Same staff on the floor. They know [person], they've learnt their ways and respond quickly to their needs." "The staff and care is absolutely superb, [person] has been here for a few years and it always has been. [Person] was on death's door and it has been beyond my wildest expectations the treatment and care [person] has received."

During the inspection we looked at eight care files. We saw the care files we looked at contained initial assessments which provided a focus on personal care/well-being, continence, eating and drinking, communication, mobility, mental/cognitive, infection control, safety and social/medical history. This would enable staff to gain an understanding of people's needs and the care they required.

We found inconsistencies in the documentation in people's care files regarding the capture of information pertaining to people's life histories, background information, employment history, interests, likes and dislikes. In one person's care file, the care plan contained comprehensive life history information about the person's childhood, work life, significant relationships, life events and achievements and interests. The file had accompanying photographs which their relative had completed. We saw in another file that the activities coordinator had completed this information with a person and captured; what is important to the person, family, activities and identified that the person liked helping others. It also identified what people admired about the person and listed some of their favourite pastimes. However, we saw this detail had only been captured in two of the care files that we looked at. This meant that staff would not have access to information of importance about people, in order to deliver person centred care.

We saw care plans provided information about supporting people with skin integrity, constipation, bathing and washing/dressing, safety, nutrition, communication and mobility. The care plans we looked at were not person centred and were prescriptive and task led. It focused on what had to be done and didn't account for people's individual needs and promoting people's independence. The care plans did not reflect client-centred goals with a target date or identify goals that were individualized, measurable and achievable. We raised this concern with the registered manager who acknowledged this deficit and indicated that strengthening care plan documentation and person centred planning was the next phase of the service improvement plan that had already been identified internally.

We recommend that the registered manager seek advice and guidance from a reputable source, about person centred care planning.

We were unable to ascertain from the care files that care plans had been discussed with and approved by the person themselves or a family member. We saw that all the care plans we looked at had been reviewed

on a monthly basis; however this had been done by the previous manager, with no indication that the person and/or their family had been involved in the process.

We saw staff completed a daily care record for each person. This form covered the following areas; if they had been assisted to wash, bath or shower, if their oral care had been attended to, pressure area / skin integrity, support to shave, nail care and meals taken. There were some inconsistencies between people's records regarding the frequency these areas of need were met. Staff had not documented whether support had been declined which could have accounted for these differences.

People who had risks associated with poor food and fluid intake had 'food and fluid' charts completed to monitor their daily intake. We saw people with a chart in place, have their meal in the dining room but their food and fluid chart remained in the office on a different floor. We saw that the food and fluid records were not completed as people ate their meal and felt that staff could not be sure what people had eaten when records were completed retrospectively. In one person's care plan, we noted that the person was prone to getting urinary tract infections (UTI's) and guidance indicated staff should encourage the person to consume 1.5 to 2 litres of fluid each day. We looked at a sample of this person's fluid intake sheets for a six day period and saw the maximum fluid recorded was 1050 millilitres on 6 October, with as low as 750 millilitres on 2 October. We did observe this person given drinks during the inspection and they had a jug of juice next to them on their table in the lounge, but further encouragement was required in light of their recurring infections and the care plan and documentation required strengthening.

We found medicine administration records were not accurate. We saw instances where records indicated that people had been given medication which had not been available on the days the records identified the medicine had been administered. Cream records were inconsistent and we found creams that were required twice daily had only been signed by staff as administered once daily. We also saw staff had signed for applying cream to a person that was not in the home on the days that staff had signed the cream chart to indicate the cream had been applied to the person.

Records regarding the use of thickeners were also inconsistent, but staff demonstrated that drinks and fluids had been thickened to the required consistency which meant people had not been exposed to the risk of choking or aspiration.

Due to accurate records not being maintained, this meant there had been a continued breach of regulation 17 (2) (c) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014 in relation to Good Governance.

We saw that people's bedroom doors just contained a number and there was no personalised information to support people to identify their bedroom. A relative told us that this had been discussed at a recent residents and relatives meeting and ideas had been sought regarding whether people wanted door plaques with their photograph on, or to name their room etc. We clarified with the registered manager that this was being addressed and ascertained that it was being considered in line with people's preference.

At our last inspection, we observed people sat around and saw little stimulation offered to people living at the home. People had confirmed at that time that there was little to do and told us that each day felt the same. We saw at this inspection that significant improvements had been made. During this inspection we saw that the home had appointed an activities coordinator. We spoke to the activities coordinator and they told us how they had developed the activity programme to meet different people's needs and hobbies. The activities coordinator had worked at the home in a different role for several years and demonstrated an in-

depth knowledge of each person's interests and told us different ways in which they engaged people.

During the inspection we saw people engaged in skittles and knitting. A trip to Blackpool was arranged for two days after the inspection which people told us they were looking forward to. We saw that one of the rooms downstairs had been converted in to a sensory room and there were butterfly lights and sensory objects to stimulate people. The activities coordinator told us; "We have fun. I've been really touched by some of the things that people have said to me."

The social and leisure activities that had been conducted since our last inspection included; beer tasting, garden festivals, two parties for the Queen's birthday which scheduled singers had attended. There had been a fete to fund raise for activities and people living at the home had run stalls. People were offered communion every month and there was a visiting library and talking books. People could receive complimentary therapies, reiki, and aromatherapy at a reduced rate. The home had held sensory afternoons, a 1940's day, entertainers, sponsored pyjama day, cupcake day. Visiting clothes wardrobe. People's birthdays were celebrated with a cake, card and people were given a present. Special birthdays were celebrated with a party. On father's day, all the men had been given a craft beer, Wimbledon had been marked with strawberries and fizz, there were sponsored funky hair days, cheese and wine afternoon, cream teas, name that tune and themed days. The home had supported Macmillan and people had baked their own cakes to raise funds, The activities coordinator was in the process of planning Halloween and had arranged school children to sing at the Christmas party.

People were extremely positive about the activities and were animated when telling us the things that had been happening at the home. People's comments included; "The activity coordinator is working wonders here. They are marvellous. It's improved since they took over activities. We do loads of things; outings, bingo, cards, dominoes, baking. It's great." "There is something going on every day. Me and my wife are both looking forward to going to the illuminations on Wednesday." "We are going to Blackpool on Wednesday. I enjoy sitting outside when it's nice and taking part in activities when I am in the mood." "I don't tend to take part but the staff make every effort to get people involved." A relative said; "The activities coordinator is very good. There are activities happening every day. We did a beetle drive. We go in to town, coffee shops. We are looking forward to Blackpool illuminations and fish and chips."

At our last inspection, people we spoke with told us that they had raised a complaint but we found that their complaints had not been recorded or actioned. This demonstrated that complaints were not being recorded or used to inform the future development of the service. We therefore found the service had failed to establish and operate effective systems for identifying, receiving, recording, handling, investigating and responding to complaints.

At this inspection, we asked people whether they had raised a complaint and were aware of the process if they had a concern. People told us; "I've raised minor things in the past, but they got sorted. I was happy with the outcome." "We've no complaints. I would speak with the staff and ask them who the best person to raise a formal complaint with would be." "I'm happy with the service here. I would speak with the staff if I was dissatisfied." "No concerns to make complaint. I'd speak to the manager if I did and I'm confident they'd sort it." A relative said; "If I had a complaint, it would be addressed but I haven't had any."

We saw there was a 'complaints policy and procedure in place but this was not advertised within the home. We asked the registered manager to see the complaints file but they were unable to locate the complaints file during the inspection. As a result we were unable to ascertain whether this breach had been addressed.

Thus this remains a continued breach of Regulation 16 of the Health and Social Care Act 2010 (Regulated

Activities) Regulations 2014; receiving and acting on complaints

We looked at the satisfaction surveys which had been sent out within the past 12 months. We were shown samples which had been sent to both people living at the home and their relatives, although it was difficult to see how any negative comments had been followed up. For example one relative had made comments that menu choices were poor and that people were only asked for their choice of meal half an hour before it was served (saw this during the inspection). The same relative had also made the comment of 'Average' when asked how they were treated by management and if they had enough time to chat.

A person living at the home had also commented that they felt they were not asked about their choice of a male/female carer, that the food they received was based around their preferences and that they felt involved with their care. The manager told us an overall analysis of the surveys had not been completed. This meant it was difficult to establish how comments and feedback from people had been responded to in order to improve the quality of service provided.

This meant there had been a continued breach of regulation 17 (2) (e) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014 in relation to Good Governance

## Is the service well-led?

### Our findings

There was 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.

People and their relatives told us they would recommend the home to others. Comments included "I would recommend this home to others. I would never want to move from here, as near to home as they can make it." A relative said; "I would not hesitate at recommending this home. I have always been completely happy with the care received."

Staff told us morale was good and they were happy working in the home. We found there was a positive atmosphere within the home and the staff team were motivated and worked well together. Staff told us; "It's not going to bad actually. We all seem to work well together and things have improved." "I love it. The staff all help each other. We are able to talk with the residents and have a laugh with them." "I absolutely love it. I worked in the community previously and glad I made the change. We are a good staff team and we get on well." "I like working here. It's a nice environment to work. It's not tense."

We observed that the manager was visible within the home, supported the staff group and provided advice and support throughout the day of the inspection.

We received predominantly positive feedback from people who lived at the home, staff and visitors about the management and leadership. Staff told us; "It's brilliant. The fact that you can talk about anything is good. Very approachable and take everything seriously." "I find it fine. We are all treated as equals and nobody acts as though they are above us." "Things have really improved, a lot has been implemented. The care plans are easier to follow now, the home looks better and there are loads of activities." However; one staff member expressed some concern that the manager wasn't on the ball and would sometimes shout. People said; "The management are fine." "No concerns regarding management." A relative told us; "Management are very approachable."

At our last inspection, we found the provider did not have a quality assurance system in place. Provider audits were not conducted and the provider was not available during the inspection visits to demonstrate they provided any service oversight or support to the registered manager. This remained the position at this inspection.

We looked at how the registered manager audited the quality and safety of the service. Audits were in place in a number of areas and recorded in a 'managers audit file.' However we found audits had not been effective in identifying and rectifying some of the issues we found during this inspection. The registered manager said a number of audits had recently been introduced although were not yet fully operative. For example, we saw no recent audits of care plans, staff training, supervision or medication. We had found some concerns with care plan documentation such as a lack of consistency with regards to life histories and

consent forms being signed by the previous home manager. There were also gaps in both staff training and supervision. We also identified several continuing breaches of the regulations in areas such as medication, training and dealing with complaints. A robust auditing and quality assurance system would identify these concerns and ensure people received an improved quality of service as a result.

The registered manager acknowledged that they had not conducted all the audits that they had intended and were working through the service improvement systematically in order to achieve all that was required.

We had raised concerns at our previous inspection visit regarding the safe storage of confidential information as we had observed care files left on desks in unlocked offices. At this inspection, we noted care files were not left on desks and on display but nurse office doors remained open and filing cabinets were not locked containing care files and confidential information. The recruitment files containing confidential staff information was stored in an unlocked drawer and supervision records were stored on a small shelf in the office which we observed at different times unoccupied and with door wide open.

This meant there was a continuing breach of Regulation 17 (2) (b) (c) (d) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014, good governance, because the service had failed to effectively assess, monitor and improve the quality and safety of the services provided and securely maintain records.

We saw the registered manager completed a daily walk around and focused on the reception area, corridors, sluice rooms, the lounge area, toilets, bathrooms and the use of PPE equipment. We looked at the records and saw they had been completed up until the day of our inspection and provided an overview of findings and areas where action needed to be taken.

At our last inspection, we found that team meetings and resident meetings could not be demonstrated. During this inspection, the registered manager was unable to access the minutes of the meetings as the previous registered manager had conducted them and they were not available during the inspection. However, these were located following the inspection and sent to us. We saw resident meeting minutes for July and September. Areas covered included; Health & Safety, Dignity, Mealtimes, Photographs as a wish was expressed that a notice board be placed in reception with staff photographs and names. Ring & Ride, Blackpool Trip, Morris Dancers, Decorating. People told us; "They have meetings occasionally. We all congregate in the lounge area." "The activities coordinator does the resident meetings." A relative told us they had attended two meetings; "We talked about personalising environment. Names on doors rather than numbers etc."

Staff told us team meetings were regular and provided them with the opportunity to discuss their work and hear about any developments at the home. We saw the last team meeting had been conducted in August and covered; staff roles, daily records, resident's rooms, hoisting with dignity, change to rotas with two staff members to commence at 07.00 and training. Staff told us; "I must admit they are on the ball with them and they do take place." "We've not had one that I know of." "We do have them. They tend to be every 4-6 weeks and we can get our point across." "Minutes of meetings are left for night staff if we've been unable to attend."

At our last inspection, we found staff did not have access to current policies and procedures. At this inspection, we saw that the home had a comprehensive policy and procedure files in place; these had been purchased from a company which specialises in this area. The policies were all up to date and dated 2015 and included key policies on medicines, safeguarding, MCA, DoLS, moving and handling and dementia care.

We found accidents, incidents and safeguarding had been appropriately reported as required. We saw that

the registered manager ensured statutory notifications had been completed and sent to CQC in accordance with legal requirements. The registered manager kept a file of all notifications sent to CQC.