

Bupa Care Homes (GL) Limited

# Inglewood Care Home

## Inspection report

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### Ratings

Overall rating for this service

Requires Improvement 

Is the service safe?

Requires Improvement 

Is the service effective?

Requires Improvement 

Is the service caring?

Good 

Is the service responsive?

Requires Improvement 

Is the service well-led?

Requires Improvement 

# Summary of findings

## Overall summary

This inspection took place on 4 and 19 April. Both days of inspection were unannounced which meant the registered provider and staff did not know that we would be attending.

Inglewood care home provides support and accommodation for up to 49 people who need residential or nursing care. This includes support for people living with a Dementia. At the time of inspection there were 42 people using the service. The service was located in a residential area within its own grounds and had on-site parking. The service was close to local amenities and a short distance from the coast and town centre.

The registered manager started working at the service in November 2015 and had promptly submitted an application to become registered manager. This application was approved during our inspection of the service. 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.

At the last inspection on 11 and 14 May 2015, we identified a breach of Regulation 17 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014. This related to good governance. At the time of inspection there was no manager in place at the service. There had been no meetings for people, their relatives and staff. There were very few audits and action plans in place and there were gaps in some records looked at. Staff expressed their concerns about the staff culture at the service which they described as poor.

At this inspection we could see the registered provider had addressed each of these areas, however gaps in records remained. These gaps related to care, activities, maintenance, 'Ten at ten' and clinical handover meetings.

Quality assurance processes were in place. Regular audits had been carried out by the registered provider and registered manager.

Meetings for people, their relatives and staff had been carried out. Staff felt that communication could be further improved.

Staff gave mixed reviews about the leadership and staff team in place at the service. Some staff described low morale; however we could see that the registered provider had taken some action to try to address this.

The registered manager understood the requirements of their role and had submitted notifications to the Commission when needed.

In some bathrooms we found that radiators had been removed and areas left unsafe for people to use. We asked the registered manager to take urgent action to address this. They contacted us after inspection with photographs to show that the areas had been made safe.

Some bathrooms were used to store furniture which posed a health and safety risk to people. We also found that some bathrooms were in need of repair. The registered manager told us that all bathrooms at the service were scheduled to be updated in May 2016.

Safeguarding alerts had been raised when needed and records detailed investigations which had been carried out. Staff demonstrated their knowledge and understanding of the different types of abuse and the procedure they needed to follow if they suspected abuse could be taking place.

An up to date policy was in place for restraint.

Risk assessments were in place for the day to day running of the service. People had risk assessments in place specific to their individual needs. People were supported to take reasonable risks which were fully risk assessed by the service.

Health and safety certificates were up to date. Gaps in fire and maintenance records had been rectified on the day of inspection.

Robust recruitment procedures were in place. Records showed that people had been recruited safely and had not started working at the service until two checked references and a Disclosure and Barring Service (DBS) check had been carried out.

There were sufficient staff on duty to provide care and support to people in a safe manner. A dependency tool was used to determine staffing levels. Staff told us they felt stretched at times which the registered manager told us they would look into.

Medicines were managed safely. Staff worked with people's GPs to make sure they had access to the correct medicines and the quantities needed. Medicine rounds were often interrupted which caused them to take longer.

All new staff participated in an induction programme. Mandatory training was up to date for all staff. Supervision and appraisals had not been carried out in line with the registered providers policy, however since the registered manager came into post we could see that staff had started to receive regular supervision and appraisal.

People were supported with their nutrition and hydration. Support with eating and drinking was carried out in a dignified manner. Risk assessments and care plans to support nutrition and hydration were reviewed regularly.

People had regular access to health professionals involved in their care. Any contact with the service had been documented in the care records.

The service had appropriately carried out MCA and DOLs applications to keep people safe. Staff demonstrated a good understanding of the principles of each of these.

People had access to communal and private spaces inside the service and within the grounds.

Improvements had been made to the service which included dementia friendly bedroom doors and activities within corridors.

People spoke very positively about the care and support they received from staff. People told us they felt well cared for and enjoyed living at the service.

People told us they felt listened to and felt able to approach a member of staff if they needed to.

Staff understood the importance of maintaining and respecting people's dignity. People we spoke with confirmed their dignity was always maintained. We observed this to be the case when people were assisted at mealtimes.

Information about advocacy was on display at the service. We could see that this service had been offered to people previously.

The service worked with health professionals to provide end of life care to people which reflected their needs, wishes and preferences.

There were gaps in some of the care records looked at. Care plans reflected people's individual needs and contained detailed examples of care which reflected people's wishes. These care plans had been regularly reviewed.

Activity schedules were in place to show what activities were taking place. These included activities provided by the activities coordinator and activities provided by external visitors. We heard mixed reviews about the activities provided. Activities records did not always demonstrate if people had participated in activities.

People told us they knew how to make a complaint and felt able to do so. At the time of inspection nobody had wanted to raise a complaint. When complaints had been made, the service had acted appropriately to address these.

We found one breach in the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014 in relation to the premises and equipment and records. You can see what action we told the provider to take at the back of the full version of this report.

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

We always ask the following five questions of services.

### Is the service safe?

The service was not consistently safe

Safeguarding alerts had been made when needed. Staff demonstrated good knowledge of safeguarding procedures.

There were gaps in maintenance records and some bathrooms were not safe for use.

People received their prescribed medicines when they needed them. Medicine rounds were often interrupted which caused them to take longer.

**Requires Improvement** 

### Is the service effective?

The service was not consistently effective.

Supervision and appraisals had been completed but not in line with the registered provider's policy. Mandatory training was up to date, however there were gaps in behaviours which challenge.

Staff understood the principles of MCA and DoL'S. They acted in accordance with the legislation when determining whether someone had capacity to make their own decisions.

People were supported with their nutrition and hydration. Referrals to appropriate services were made when needed. People had regular access to health professionals.

**Requires Improvement** 

### Is the service caring?

The service was caring.

People and their relatives spoke positively about the care provided at the service. People told us they were happy living at the service.

People told us staff asked their permission before any care and support was given, felt listened to and involved in their care.

People told us their dignity was maintained. We observed this to be the case during mealtimes and observed staff knocking on

**Good** 

doors and waiting for permission before entering.

### Is the service responsive?

The service was not consistently responsive.

Personalised care plans were in place for people and were reviewed regularly. There were gaps in some care records looked at.

Activities were provided at the service; however we heard mixed reviews about them.

People and their relatives knew how to make a complaint, felt able to do so if needed and had confidence that they would be listened to and their complaint addressed.

**Requires Improvement** ●

### Is the service well-led?

The service was not consistently well-led.

Quality assurances checks at the service had improved. People and staff told us communication had improved however there was still room for improvement.

We heard mixed reviews about the leadership in place which we shared with the registered provider.

A new registered manager was in place at the service. Staff told us the morale at the service had started to improve but could be improved further. Staff told us they enjoyed working at the service.

**Requires Improvement** ●

# Inglewood 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.

One adult social care inspector and one specialist professional advisor (SPA) carried out an unannounced inspection on 04 April 2016. Two adult social care inspectors and one SPA carried out a further unannounced inspection on 19 April 2016. The registered provider and staff did not know we would be attending on either days of our inspection.

Before the inspection we reviewed all of the information we held about the service, such as notifications we had received from the service and also information received from the local authority who commissioned the service. Notifications are changes, events or incidents that the provider is legally obliged to send us within the required timescale. We also spoke with the responsible commissioning office from the local authority commissioning team about the service.

The registered provider was asked to complete a provider information return (PIR) which they did. 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.

We spent time with people on both floors, in communal areas and observed how staff interacted with people. During this inspection, we spoke with the regional manager, registered manager, 14 staff, five relatives and six people who used the service. We looked at all communal areas of the service and some bedrooms and en-suites with people's permission.

We reviewed six care records and a range of records which relating to the day to day running of the service.

# Is the service safe?

## Our findings

At the start of our inspection, we found that records relating to maintenance were not up to date. Weekly checks of call bells had not been carried out since 21 March 2015. Six monthly checks of pressure heating systems, air conditioning and extractor fans had not been completed since May 2015. Monthly maintenance audits had not been completed for four of the last 12 months. Three monthly checks of ladder inspections had not been completed since December 2015. Monthly wheelchair checks had not been completed for any person's wheelchair in March and April 2016; we also identified gaps in the records relating to the person's name and date of birth, the model number of the wheelchair and the year of the record. Between 01 January and 4 April 2016 daily checks of the fire log book had not been completed for 12 days. Three monthly checks of kitchen equipment and fans had been carried out. Monthly checks of bedrails had been carried out every month except for March 2016. There were gaps in these records relating to name and date of birth, room number, whether bed rails were still required and signatures from care staff to verify this. We spoke with the registered manager about this and they took immediate action to address this. On the second day of our inspection we could see that each area outstanding had been completed.

During inspection we found that bathrooms were used to store equipment such as laundry bins, hoists, slings, a wheelchair, an armchair and a stand aid. These rooms were accessible to people which meant the risk of potential harm was increased. We discussed this with the registered manager during inspection and they told us they would address this straight away.

On the second day of inspection we looked in each of the bathrooms and toilets at the service. In two of these rooms we saw that radiators had been removed from the walls which left uncapped pipes and earth wires exposed. We also saw damaged tiles had been left on the walls and floors of these rooms which were sharp in places. We immediately sought the registered manager and explained what we had found. The registered manager told us they were not aware this work had been carried out or when it had been carried out. There were no records in place to show when the work was carried out or by whom. We were concerned that the registered manager had not been aware of this and that staff using these bathrooms to provide care and support to people had failed to report these unsafe areas to the registered manager. On the day of inspection we contacted the regional manager for the service to discuss our concerns. The registered manager contacted the Commission on 20 April 2016 to inform us that action had been taken to address this. Photographs provided by the registered manager confirmed that pipes had been boxed in, debris and damaged tiled removed. This meant we could see these areas were safe for people and staff to use and we could see that the registered provider had taken prompt action to address our concerns.

In another bathroom we found that the seal was coming away from the bath and wood panelling in the sink and bath areas had bubbled which meant they could not be cleaned appropriately. The floors in each of the bathrooms had started to lift which meant the floors were not always flat. Some floors looked at were stained and the paintwork in all bathrooms had become worn. Communal towels, incontinence pads and toiletries were on display in bathrooms. This meant the risks to infection prevention and control were increased. During our feedback with the registered manager they told us that work to all bathrooms and shower rooms had been planned to be carried out in May 2016. This meant the registered provider had



already highlighted that some areas of the service were in need of repair and had planned to carry out the action needed.

Checks of fire alarms, emergency lighting, fire fighting equipment and call detector points had been completed and were up to date. Regular fire drills with day staff and night staff had been completed; one drill included the use of an evacuation mattress where staff played the role of people using the service. The registered manager told us, "BUPA have their own fire officer who carry out health and safety checks." Records showed 'manager checks of fire compliance' had been carried out each month. Personal emergency evacuation plans (PEEPs) were in place for everyone who used the service and detailed the support each person would need in the event of an evacuation.

Risk assessments were in place for the day to day running of the service and included slips, trips and falls, the security of the building and windows and had been regularly reviewed. People had specific risk assessments in place according to their individual needs. These included falls, nutrition and pressure area care. In the records looked at we could see these had also been reviewed each month. Bed rails were in place for people who needed them. Risk assessments for these were reviewed each month to check whether they were still needed. The registered manager told us that people were encouraged to take reasonable risks to encourage them to maintain their independence. For example, the registered manager told us they had recently arranged for one person who worked with horses during their working life to visit a local riding school.

Certificates were in place for gas appliances and electrical equipment, the lift, chair scales and portable appliance testing (PAT). This meant the service was safe for people, their relatives and staff. Water temperatures had been carried out each month; records showed these were within safe limits. At the time of inspection the syringe driver was away for servicing.

Safeguarding alerts had been made when needed and a log of all safeguarding alerts was in place which showed when the alert had been made and the outcome of the alert. The service also completed a consideration log which they sent to the local authority each month. When we spoke with the safeguarding team prior to inspection they told us they did not have any safeguarding concerns and information was promptly sent to them when needed. Staff demonstrated a good understanding of the procedure they needed to follow if they suspected abuse could be taking place. From the safeguarding alerts we have received we could see staff had raised concerns when they suspected people could be at risk of abuse. When we spoke with staff during inspection, we were concerned that not all staff felt confident in whistle blowing [telling someone] particularly if the concern involved a member of staff at the service because they did not feel their confidentiality would be maintained.

An up to date restraint policy was in place which stated that restraint should only be used when absolutely necessary. Accident and incident records had been fully completed which included a body map wherever injury had occurred and care plans updated. The registered manager carried out analysis of these records each month to identify any patterns and trends which could be used to minimise the risk of potential harm to people and staff. Action plans had been put in place where needed which included dates for completion. Most recently, the registered manager had identified patterns between people experiencing falls and being diagnosed with urinary tract infections. From speaking with the registered manager we could see that prompt action had been taken when staff noticed potential symptoms of infection. People's GP's were contacted and actions put in place to reduce the risk of falls. One relative told us, "My husband is prone to falls, but I know that the staff look after him, and they always keep me informed." The registered manager told us that information relating to accidents and incidents was sent to the registered provider each month.

Staff had been recruited safely and appropriately. Records looked at contained completed application forms and interview questions. We could see that staff did not start working at the service until two checked references had been obtained and a Disclosure and Barring Service (DBS) check obtained. This is a check to carry out a criminal record and barring check on individuals who intend to work with children and vulnerable adults, to help employers make safer recruiting decisions and also to minimise the risk of unsuitable people from working with children and vulnerable adults.

The registered manager told us that a dependency tool was completed each month for each person using the service and this information was collated to determine the number of staff needed. The registered manager told us that one nurse and four carers were allocated to both units at the service during the day and were supported by the head of care and activities coordinator. Staff told us they thought there were generally enough staff, one staff member told us, "There are enough staff on duty." Another staff member told us, "I think we have enough staff. We have seven empty beds at the minute. Generally we have four care assistants and one nurse on each floor which I think is enough."

However some staff felt they could become stretched. Staff told us "At times there is not enough staff." And, "There is enough staff per ratio of residents, but I don't feel that there is enough staff to meet needs of the residents." Some staff felt that break times for staff impacted upon them causing them to feel stretched. One staff member told us, "There isn't enough staff, especially at break times. The staff that smoke go out for cigarette breaks when they please and this often leaves us short staffed." Staff told us they weren't always able to take their planned breaks. One staff member told us, "Sometimes it can be difficult to take our breaks; we get tired when working 12 hours shifts without a proper break."

When we spoke with the registered manager about this they told us they did not feel staffing was a problem. They told us staffing levels were put in place using the dependency tool. However they told us they planned to speak with staff about the comments which staff had made to us to look at what improvements could be made.

The registered manager told us they were able to cover annual leave and sickness without any problems. They told us occasionally they needed to use agency nurses. Carers often covered shifts and their own bank staff were used. One staff member told us, "Staff sickness isn't really an issue. If someone goes sick we can generally find cover. Weekends are a lot better now, it still happens but it's manageable." The service had an on-call rota in place which meant staff always had access to a member of the management team if needed.

Prescribed medicines were delivered by a local pharmacy and were checked by staff at the service. Medicine totals were amended to reflect new stock. If stock was due to run out before new stock arrived, staff told us they would contact the person's GP surgery and prescribed medicines would be received the same day. If urgent medicines such as antibiotics or end of life medicines were needed then staff would go to the surgery to collect these.

People told us they received their prescribed medicines on time. One person told us, "I always get my medicine in the morning, like I should." We checked people's prescribed medicines and checked these against medicine records and found the total of prescribed medicines matched the medicine records.

As and when required (PRN) medicines were in use at the service. Records showed when and why these medicines were in place and how they should be used for the people they related to.

Some people at the service were prescribed controlled drugs; we found these had been stored securely. These controlled drugs are controlled under the Misuse of Drugs Legislation and have strict controls over the

administration and storage. Records for controlled medicines had been completed appropriately and matched actual stock.

Prescribed topical medicines were available to people who needed them and topical medicine records were in place which detailed when and where to apply creams. We found people were receiving their topical creams as prescribed.

An up to date medicines policy was in place. Medicine audits were carried out each month and training was up to date for staff competent to administer medicines. Antipsychotic medicines were reviewed every six months to make sure they remained safe for use. Records showed that room and fridge temperatures were carried out each day. This showed that people's prescribed medicines were stored safely.

During inspection we observed that the morning medicine round started at 09:00 and finished at 11:20. We spoke with the nurse on duty to ask about the length of time it took to do this. From our observations we could see that the medicine round was frequently interrupted. When we spoke with the nurse, they told us, "This is due to me being disturbed / called away from medicine rounds to answer queries on the phone and answer doors / buzzers". "It's always the same." We also noted that they had to go to the upstairs medicines room to collect controlled medicines which were stored there. The registered manager told us they worked with a pharmacist at the beginning of 2016 to review people's prescribed medicines to look to see if people's prescribed medicines could be changed to different times of the day however, for most people this was not appropriate to do so. They also told us that some people took more than one medicine and it could take some time to give them properly without rushing people. Following our inspection, the registered manager contacted us to confirm that the medicine room was being extended in May 2016 which would accommodate a new controlled drugs cabinet. They hoped this would minimise disruption to the medicine round on the ground floor.

## Is the service effective?

### Our findings

All new staff undertook an induction when they started working at the service. They were given a training portfolio which included activities they needed to undertake to demonstrate their competency to carry out their role. This included training and shadowing more experienced staff. All new staff were required to complete the care certificate. This is a set of standards that staff are expected to follow whilst working at the service. The certificate included minimum standards which are covered during the induction process. Staff knowledge and competency was assessed during observations and tests of their knowledge. During inspection we asked people and their relatives if they thought staff had the right knowledge and skills to look after people. One person told us, "The staff know what they are doing," and one relative told us, "I think the staff are skilled and qualified. They know what they are doing."

During inspection we looked at the training records for all 73 staff employed at the service. There were gaps in these records; following inspection we received an up to date copy of training records for staff. This showed mandatory training was up to date for all staff which included moving and handling, safeguarding, fire safety, pressure area care, falls and first aid. We did note that training to manage behaviours which challenge was outstanding for some staff. The registered manager had already recognised this and we could see they were working with the trainer for the registered provider to make sure training was up to date in all areas for all staff. Staff spoke positively about the training which was offered by the registered provider. One staff member told us, "I have been able to get NVQ 2 and 3 since working here." Another staff member told us, "We get our mandatory training every year."

The registered provider told us the activities coordinator would be undertaking National Activity Provider Association training which was designed to increase knowledge and understanding of meaningful activities for older people.

A supervision policy was in place which showed that staff should undertake supervision every two months. At the time of inspection we noted that supervision had not been carried out in line with this policy. However we could see that since the registered manager had started at the service in November 2015 staff had received regular supervision. We heard mixed reviews about the quality of supervision provided at the service. Staff member told us, "My supervisor is brilliant and I feel I benefit from the supervision." And, "I receive good supervision and appraisals." However other staff told us, "I do not find supervision productive." And, "Supervision feels like a 'tick box' exercise." And, "I get supervisions. I think I do anyway." Appraisals were up to date for most staff and showed the areas staff wanted to progress. One staff member told us, "I would like training on side effects of 'psychotic' medication, I have discussed this in my appraisal." We identified a small number of gaps in supervision and appraisal records which we discussed with the registered manager. We could see they had worked to increase the number of supervision and appraisals for staff since coming to work at the service and could see planned sessions were in place to ensure staff became up to date.

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). 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.

Staff training in MCA and DoLS was up to date; staff we spoke with demonstrated good knowledge and understanding and were able to discuss the procedure they needed to follow if they suspected someone may not have capacity. The registered manager told us people's capacity was assessed when they first moved into the service. They told us best interests decisions were made with the involvement of the person's family and/or those people responsible for the person's well-being. From speaking with staff we could see that they still sought consent when providing care, such as observing facial expressions or hand gestures. Staff told us people may nod to imply consent or may push them away to indicate consent is not given. The registered manager told us, "Staff understand that consent can be taken away at any time and by getting to know our residents by their behaviour and facial expressions we can better understand and respect their wishes."

At the time of our inspection, there were 29 people who had a DoLS authorisation in place; we could see that people had these in place to maintain their safety or to provide support with personal care, eating and drinking and medicines management. The service had a tracker in place which showed when each person's DoLS restriction had been granted and when it was due to expire. This prompted the service to make sure that a review of these deprivations took place prior to the expiry of the restriction.

Some people had 'Do not attempt resuscitations' (DNAR) certificates in place. When we spoke with staff about these and they demonstrated their understanding of these certificates and the action they needed to take in the event of someone passing away. We looked at one person's certificate and could see that it was in date. We found some areas of the certificate had not been completed; this meant we could not see if the person had been involved in the decision. We could see that the certificate had been put in place before the person had moved into the service but asked the manager to take action to address this. DNAR certificates for two people were in date and had been fully completed. This meant we could see the reason why the decision was made and the people involved in this decision making process.

Photographs of people carrying out activities were on display on a television screen in the communal area of the service. Consent forms for this were not in place on the first day of our inspection, however the registered manager acted upon this straight away and on the second day of inspection we could see that permission had been obtained from people. Consent forms were also in place for people who had received influenza vaccinations. Where appropriate consent forms were in place for the use of bed rails.

People spoke positively about the food they received. One staff member told us, "The food has improved." People told us, "The meals are nice, always too much for me, we get a good choice." And, "The food is always nice and there's a good choice." And, "There is always enough to eat, and the meals are nice. A relative told us, "My husband enjoys the food more since the new chef started."

We observed meal times during our inspection and could see that people were given a choice of nutrition and hydration. People were given choice about where they wanted to sit for their meal. Menus were available for people and tables were set at each mealtime.

People who needed support during mealtimes were given it. We observed a staff member supporting one person to eat and this support was given in a caring and supportive manner. We saw that the person's dignity was maintained throughout. People were weighed each month or weekly if needed. Some people had care plans in place to support their nutritional and hydration intake which were supported by risk assessments and food and fluid balance records. This helped to make sure people were receiving the nutrition and hydration needed. One person told us, "I get well looked after, I have been unwell and they have been giving me extra drinks and food". Care records showed staff sought advice from people's GPs and referrals to speech and language therapists and dieticians were made when needed. Recommendations made by dieticians had been included into people's care plans.

Drinks and snacks were offered between meals. Relatives we spoke with confirmed this to be the case. One staff member told us, "Juice is available in every room; they [people using the service] can drink as much as they want."

From our observations, speaking with people and staff and from reading care records, we could see that people had regular involvement with health and social care professionals. These included GPs, dentists, opticians, community psychiatric nurses and dieticians.

Each person's bedroom door had a vinyl door covering on them which made them look like a front door and included a letterbox and door knocker. This is a dementia friendly tool to aid room recognition. The communal areas of the service had dementia friendly pictures of window frames and animals on the walls. There were many dementia friendly activities in the corridors which included clothes pegged onto washing lines and rummage activities. We asked the registered manager to ensure that the materials used for these types of activities were fire retardant. The service had good signage in place and carpets were in the process of being replaced by vinyl flooring.

## Is the service caring?

### Our findings

People spoke positively about the care and support which they received at the service. One person told us, "I am happy here, it's not the same as home but it's good, I am looked after well." The registered manager told us, "Good care means taking the time to do something, like sitting with a resident and looking at his photographs or sending a birthday card to a grandchild for a lady and taking her to the post box. It may be a cliché but 'little things mean a lot' and it is important to support and recognise this behaviour in our staff, many of whom have worked at the home for over 20 years."

People told us staff were respectful towards them when speaking with them. One person told us, "Staff are always nice and speak to me right." Another person told us, "They [staff] are always polite." Relatives told us they were made to feel welcome and felt able to approach staff. One relative told us, "The staff are lovely and make me feel welcome when I visit." Another relative told us, "I know all the staff's names, and my husband remembers a few names."

From our observations and from speaking with staff, we could see staff enjoyed providing care and support to people. One person told us, "The staff are always happy, and enjoy what they do." There was a calm atmosphere at the service, people were not rushed and staff had the time they needed to sit with people.

People told us they were cared for by staff and felt able to ask for assistance if needed. One person told us, "I can do most things I want; I know that staff look after me." Another person told us, "The staff always ask if I need anything."

Staff appeared to know people well; they were able to tell us about people's individual needs and the support they needed. We saw staff engaging people in conversations about their life histories. From speaking with people, our observations and from looking at care records we could see people were receiving care which reflected their individual needs, wishes and preferences. One staff member told us, 'I know the residents very well. I know what they like and what they don't. I've been here a long time now. I enjoy the job.' We saw staff meeting people's needs and offering appropriate hugs and touches of people's hands and arms.

People told us they felt listened to and felt they had choices about their care. One person told us, "They [staff] ask my opinion and I have a choice." Relatives told us, "The staff listen to us both, and if we have a worry they will try and help if they can." And "If I have a problem or any worries, my son talks to staff for me." People told us staff had time for them. One person told us, "The staff are always busy but they try and make time to sit and talk, to make sure I am ok." People and their relatives told us they felt involved in their own and their relatives care. They told us, "Staff always involve both my husband and me in any decisions." And, "They involve me in everything to do with my husband's care." And "I know everything about my husband's care and I am always involved." Staff told us they always tried to involve people in decisions affecting their care but understood this was not always possible. They told us that they could approach an advocate for people. This is an independent means of getting support from another person to help a person to express their views and wishes, and to help make sure their voice is heard.

People told us their privacy and dignity was maintained. We observed staff knocking on people's bedroom doors and waiting for permission before they entered the person's room. One person told us, "The 'girls' [staff] always knock before coming in my room." Another person told us, "I'm treated with respect." Staff told us they made sure bedroom doors and curtains were closed before people were assisted with any care and support. They also told us they kept people well covered during bathing or when helping people to get dressed. They also made sure people were appropriately dressed at all times. During mealtimes, we observed people being assisted to eat in a dignified way. We observed staff allowing people the space and time they needed. One person told us, "I can come in my room at any time for privacy."

The service provided care and support to people at the end of their life. Care plans were in place which outlined people's needs, wishes and preferences. The service was assisted by external health professionals when needed and we could see that any guidance given was followed by staff and recommendations updated in the care records. The service liaised with palliative care nurses and people's GPs for specialist medicines and sought any specialist equipment. The registered manager told us that during this time, families were welcome to stay as long as they needed and arrangements made for people to stay over at night.



## Is the service responsive?

### Our findings

Pre admission records were in place for staff to carry out an appropriate assessment to determine whether the service could meet people's individual needs. The registered manager told us that it was "Important that a thorough pre-admission assessment is carried out to ascertain not only all the residents medical conditions and physical needs but if the home can meet them." In each of the care records looked at, these pre-admission assessments were in place however they had not always been fully completed. In one person's pre admission assessment for example, we could see that there were gaps in mental capacity and future decision making. This meant that we did not know if the service had obtained all of the information they needed to determine whether they could meet the person's needs. On staff member told us, "We admit new people into the service without considering the vulnerabilities of the people who already live here."

A 'My day, my life, my story' record was completed when people moved into the service and was designed to assist staff to provide care and support individual to each person. This record was required to be signed by staff to show that the record had been completed within three months of the person moving into the service. For one person, we could see that they moved into the service 13 May 2015 and this record had not been signed by staff to show that it was completed. This meant we did not know if the record was complete or if staff had the information they needed about the person to ensure all care and support was individual to them.

Daily notes for people had been completed. We noted that institutional language was used in the daily notes. This included, "Was received" and "Wandering." The daily notes of one person for 29 March 2016 stated, "Started to get worked up. Staff tried to calm down. Lorazepam given." The records did not show what action staff took deal with the situation and the decision making in place to administer Lorazepam.

Care records did not always show if people or their relatives had been involved in making decisions about their own care. In one person's records there was no evidence of the person's wishes, what they had said or signatures to show they consented with the planned care and support. A care plan for choices did not show what decisions the person could make about their care, if they or their relative had been involved in making decisions which reflected the person's needs, wishes, likes and dislikes. A care plan for safety did not show any identified risks to the person. This meant we did not know why the care plan had been put in place for the person.

A care plan evaluation for one person stated, "Expressing strange stories and anxious in general." The review contained limited information and did not state if the stories being expressed were causing the person anxiety or distress. There was no information about the action staff had taken to support the person and whether any changes to the person's care plan were needed.

There were also gaps in activities records. We found these records contained limited information. We looked at one person's records from 1 to 31 March 2016 and found they had participated in four activities. In the four records we could not see whether the person had participated in a group or individual activity. Also, they did not show the type of activity and whether the person had found the activity meaningful. No

monthly evaluation of the activities had been carried out. We looked at activity records for another person between 1 January and 18 April 2016 and could see records had been completed on 16 occasions. Information in these records were also limited; the activity was named, such as 'Group entertainment' or 'Group karaoke.' There was no information in the records to show the persons involvement or if they had enjoyed the activity. One activity dated 13 January 2016 was recorded as "Group activity church." When we asked about this, we identified that the person had watched a church service on the television. In another activity dated 24 March 2016, the record stated "[Person using the service's] relative did their hair." We questioned these activities because they were recorded as being provided by the service when they had not been.

As well as the gaps in the care records identified above, we also noted gaps in other records too. The registered manager told us 'Ten at Ten' meetings were completed every day. This a brief meeting with key people from each department at the service to discuss key issues of the day. Records of some meetings were not available which meant that we did not know if they were completed each day. Where records were available, they were always completed fully. We also looked at clinical handover records between 13 and 16 April 2016 and identified gaps in each of the records between these dates. We found that records were not routinely signed by staff and there were gaps in admissions, death, visits from health professionals, safeguarding, and falls.

We also noted a number of gaps in maintenance records which were highlighted in the 'Safe' section of this report. We could see that the gaps in each of these records had not been picked up by the registered provider's quality assurance processes.

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

Care plans were person-centred and individual needs had been explained fully which meant staff had the information needed. For example, for one person a care plan for communication showed that the person would touch or rub the hands of staff if they wanted to communicate with them. Another care plan for this person showed that they could become anxious and detailed the action staff needed to take to reassure the person. A care plan for another person detailed that the person liked to have their light on throughout the night. This meant staff could read these records and provide care and support to people which reflected their individual needs, wishes and preferences. Care plans had been reviewed regularly and updated when any changes had been identified.

Some care records did demonstrate people's involvement in these. We could see from a care plan for choices and decisions that a DOLs and best interest's decision were in place. This stated that the person could make simple decision but not complex ones.

All staff spoken to understood the importance of people maintaining relationships with those important to them. The registered manager told us "The ethos of the home is to be welcoming and respectful toward all visitors. We understand that families need support and often the home becomes a second home as they are visiting in some cases every day, so it is vital that we build a good relationship and make them feel welcome and valued." From speaking with staff we were told they sent out copies of their newsletters to people's relatives and kept them informed of any changes to their relatives well-being.

The registered manager told us they worked closely with the activities coordinator to implement an activities framework. From our last inspection on 11 and 14 May 2015 we could see that some improvements to activities had been made. External activities such as singers had been introduced. People

were also encouraged to attend 'Singing for the brain' which is a group organised and run by the Alzheimer's society and 'Equal arts' which is a group aimed at creative writing, singing and dancing. The registered manager told us that the local owl sanctuary and small ponies had recently visited the service which people had enjoyed.

The registered manager has also introduced dementia friendly activities which included doll therapy, washing lines, a stocked shopping trolley, a sewing machine and basket. The activities coordinator told us, "I am able to plan activities, giving some residents quality time", "organise trips out", have themed days within the home, I raise funds to do things and buy equipment, I have a budget each month but it's never enough."

The head chef worked with the activities coordinator to organise theme days. Most recently the chef provided Chinese food to celebrate the Chinese New Year. The service celebrated St Patrick's Day where an Irish menu was delivered and staff dressed up for the occasion. At the time of inspection, the service was planning a Spanish day for people. The chef was planning to offer paella and tapas and care staff planned to dress up as flamenco dancers.

We heard mixed reviews about the quality of activities provided at the service. Staff told us, "One to one activities don't exist." And, "Activities are poor. There are no one to one [activities for people]." And, "Group activities take place but not every day. Sometimes people go to them. Activities could be better though. There seems to be a lack of resources." And, "We have singers in regularly now. Some are better than others."

Activity schedules were on display in communal areas of the service. Activities included, arts and crafts, baking, sensory activities, hair and nail care and going out into the community. We saw the registered manager regularly brought their dog to the service. They told us people enjoyed taking the dog on short walks and this helped to calm people experiencing anxiety. The registered manager told us they had recently received a grant from Lottery funding for 'Hensioners.' This was an innovative project to keep hens at the service. This would encourage people out into the garden to look after the hens as well as maintaining people's independence. People were also encouraged to spend time in the garden; one person told us, "Staff take me into the garden to have a walk, or sometimes do some weeding or planting if the weather is nice."

People had the choice to participate in activities in their local community. One person told us, "I enjoy going out with staff, they take me out a lot, it keeps me busy" and one relative told us, "The staff often take my husband out, to museums and for ice-cream, he loves to get out." The registered manager told us that people were taken out to the coast for ice cream, to the local museum and riding stables.

Not everyone we spoke with liked to participate in activities; however we understood this was their choice and these people were regularly invited to participate by staff. One person told us, "I know lots of activities happen, but I don't like most of them, I am a quiet person and enjoy time in the garden and sitting in my room."

A small number of complaints had been made at the service. Records detailed the reason for the complaint, the outcome and the action taken to address complaints. All staff spoken with understood the procedure for dealing with a complaint should they receive one. At the time of inspection, no-one spoken to felt they needed to raise a complaint but knew how to if needed. People told us, "I know I can complain but haven't". And "In the past I have complained, but since the new manager started I haven't needed to." Information about how to make a complaint was on display at the service.

## Is the service well-led?

### Our findings

At the last inspection on 11 and 14 May 2015, we identified a breach of Regulation 17 Good governance of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014. This breach was identified because there was no registered manager in place and we could see there was a lack of leadership in place. Staff spoke about the morale at the service and felt this could be much improved. Meetings for people, their relatives and staff had not been taking place and there was a lack of audits. This meant we could not be sure if the registered provider was monitoring the quality of the service effectively.

At this inspection we could see that the registered provider had taken some action to address this breach. However we could see that further work in some areas was needed. During this inspection we identified gaps in care and activities records and records relating to the day to day running of the service which the registered providers own quality assurance checks had failed to do. During previous inspections we had highlighted gaps in these records.

We were also concerned that the registered manager had not been aware of the potential risks of harm caused by work carried out in two of the bathrooms [discussed in the 'safe' section of this report] and staff had failed to alert these risks to the registered manager. Although the registered provider had taken immediate action to make the bathrooms safe, the registered manager could not tell us when the initial work was carried out which led to the two bathrooms being unsafe. This meant that we did not know how long they had been unsafe for. We could not be sure if action would have been taken had we not carried out our inspection.

We heard mixed reviews about the leadership in place at the service which we shared with the regional manager for the service. Some staff felt that their own privacy and dignity was not maintained because correct procedures were not followed. One staff member told us, "I wouldn't want to whistle blow. The confidentiality is not kept in this place." Some staff told us they did not feel listened to and lacked confidence about raising concerns and did not feel confidentiality would be maintained. We could see that this was impacting upon the morale at the service.

At the last inspection we raised concerns about the morale at the service. At this inspection, we could see the registered provider had taken action. They had been a number of changes to the staff team and the registered provider's human resources team had been involved with the service. Staff told us, "Things have improved here during the last year. Morale has improved and I have no concerns about care." And, "Issues in here are being swept under the carpet." And "Morale is low."

Another staff member told us, "Morale has dipped again. It's not nice to work amongst all of this. We are frightened to speak out because people are related to one another. You have to watch what you say in here because of the friendships in place. Over the years staff who have spoken out have had to leave."

Staff told us that improvements had been made but said change needed to continue. One staff member said there is, "Always odd ones who don't pull their weight but it's getting better". Another staff member told us, "The staff team seem happy. The younger staff are confident in challenging the clique. It's there, but

it's not problematic. We have a good mix of staff." Another staff member told us, "It isn't as bad as it was here. There's still a 'clique' but not as bad. It's when family members work here together it's worse. I don't think they should be allowed to because if something happened they are going to back each other up. That's what I think anyway."

Some staff spoken with during inspection felt communication could be improved at the service. Staff told us that when new staff were employed at the service, they were not informed until the day they commenced working at the service. Staff also told us they were not routinely informed when new people were moving into the service. One staff member told us, "People die and we don't get told." The staff member explained that they and other staff have gone into people's bedrooms because they haven't been informed when people have passed away. "We don't get told what is going on. You can't work in an environment when you don't know what is happening." Another staff member told us, "We need to improve communication here. When people pass away, we are not always told."

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

We could see that the registered provider had made some improvements since our last inspection. A manager was employed to work at the service in November 2015. At the time of inspection, the manager had submitted an application to become registered manager and this was approved on 11 April 2016. One staff member told us, "This place is loads better now with the new manager. Relatives are happy with the home. I hope [registered manager] stays." A relative told us, "The new manager is good. I like her. She seems approachable and down to earth." One staff member told us, "The [registered] manager is smashing. A breath of fresh air. We know what we have to do. The [registered] manager has a plan of action. She has some quirky ideas."

From our discussions with people, their relatives and staff we could see improvements had been made since the registered manager came in post. One relative told us, "I just want to say over the past 4/5 months things here have got a lot better. There's more pictures, new seating, loads of stuff." Another relative told us, "Since the new manager came, things are a lot better, and things are getting done."

One staff member told us, "I love working here, we can get our jobs done, have the right things to do our job and enough supplies and it's kept clean and tidy." Another staff member told us, "Since the new manager arrived things have improved, happy team now." Other staff spoke positively about working at the service. Staff told us, "I like my job. I don't want to leave." And "I enjoy it here. It's a lot better now, since last year." And, "It's a good place to work at the moment." And, "The atmosphere has changed. The staff are like a team. We were fractured without a manager." And, "It's good here. I enjoy the atmosphere. We have good banter with the residents. It's a familiar place to be."

Staff told us that long standing members of staff had received incentives which had helped to boost morale. One staff member said "I have worked here 21 years, in five days I have got six weeks paid leave for long service, and they gave me £200, this has never happened before in this organisation." Another staff member told us, "We get £200 cash and six weeks leave which we take in one go. We are all buzzing."

One staff member told us, "If I needed to raise something, I would do it in supervision. I'm not sure if I would go to the [registered] manager. I'm not sure what they would do. I don't feel supported by them."

The registered provider carried out three monthly visits to check the quality of the service. Records showed the last visit was carried out 04 January 2016 and the service had been rated 'Amber.' This meant the service needed to make some improvements to be rated 'Green.' We noticed an action plan had been put in

place. We could see that the service had made improvements during each visit the registered provider had made. In March 2016, the service was awarded a 'Green' rating.

The registered manager told us that information relating to weight loss, reviews, care plans, medicines, bed rails, safeguarding, deaths and hospital admissions was inputted to head office each month for monitoring and analysis.

Care plan audits were regularly carried out. The registered manager told us that new care plans had recently been introduced and the most recent audits had been carried out on these new care plans. Health and safety audits had been completed every three months. Audits were also in place for nutrition, infection prevention and control and medicines which had been carried out each month. Action plans had been put in place where needed and records showed when these had been addressed.

Meetings for people and their relatives were held every two months and dates for future meetings had been planned in. The minutes of meetings showed that activities, food and decoration of the service had been discussed.

Before our inspection we spoke with the local authority responsible for commissioning the service. At the time of inspection they had no concerns about the service. The service had made safeguarding referrals and had submitted a consideration log each month. The local authority was provided with information when requested to do so. CQC had been notified of events which had occurred at the service.

This section is primarily information for the provider

## Action we have told the provider to take

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

Regulated activity	Regulation
Accommodation for persons who require nursing or personal care	Regulation 17 HSCA RA Regulations 2014 Good governance
Diagnostic and screening procedures	Staff failed to report potential risks of harm caused by work carried out in two bathrooms. The registered manager was unaware this work had been carried out. Further work was needed to improve morale, leadership and communication at the service. There were gaps in records looked at. These included care, activities, maintenance, 'Ten at ten' and clinical handover meetings records. Quality assurance processes failed to highlight these gaps.
Treatment of disease, disorder or injury	