

DFA Care Limited

# Darenth Grange Residential 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?

**Inadequate** 

# Summary of findings

## Overall summary

We inspected Darenth Grange on the 4 November 2016 and the inspection was unannounced. Darenth Grange is a care home providing accommodation, personal care and support for up to 29 older people and older people living with dementia. There were 28 people using the service at the time of our inspection. Not all were able to communicate verbally with us. The registered provider had 25 single bedrooms and two bedrooms that could either be used as a single bedroom or shared by a couple. One bedroom was being used as a shared bedroom at the time of the inspection.

There was a manager in post who was registered with the Care Quality Commission (CQC). A registered manager is a person who has registered with the CQC 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 our last inspection, in November 2015, we found breaches of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014. These breaches related to the management of risk to individuals' safety, medicines, maintenance of the premises, staff support, dignity and respect, personalised care and governance systems. The registered provider sent us an action plan detailing when they would become compliant with the regulations. This inspection took place to check that the registered provider had made improvements in these areas. We found that not all the required improvements had been made and the registered provider continued to breach regulations.

People told us they felt safe using the service however we found that the service was not always managed in a way that ensured their safety. Risks to people's safety and welfare had not always been managed appropriately to ensure they were minimised. There was not an effective system in place for reducing the risk of harm if there was a fire in the building. Staff were not provided with the information they needed to help people move safely around the building and to evacuate the building in an emergency. Where people had been assessed as being at risk of dehydration there was not an effective plan in place to monitor their fluid intake and ensure they had enough to drink.

People's medicines were not managed safely. There were errors in the completion of records about the medicines stored in the service and the medicines people took. Staff did not have clear written guidance to inform them of the situations where they should give people medicines that were prescribed to be taken 'as required'. This meant that people may not receive their medicines when they need them and in a consistent way.

People told us that staff had the knowledge and skills to meet their needs. Staff were encouraged to gain qualifications relevant to their roles. Staff received essential training to enable to carry out their roles effectively, but this had not always been updated when the certificate had expired. Staff had not received regular supervision and annual appraisal in line with the registered provider's policy.

The CQC is required by law to monitor the operation of the Deprivation of Liberty Safeguards (DoLS) which applies to care homes. The registered provider and registered manager had not met the requirements of the Mental Capacity Act 2005. They had not ensured that new applications were made for DoLS authorisations once an authorisation had expired.

People's care was not planned in a personalised way. People's care plans were limited in the information they provided and did not reflect their individual preferences. Staff were not provided with information about people's dementia to ensure they could meet their specific needs in a personalised way. Information about people's past occupations and hobbies had not been used to write a care plan that met their social and occupational needs. The lack of recorded information about important aspects of people's care meant that people were at risk of an inconsistent approach to their care, especially where agency staff were used.

The service was not well led. The registered manager was not working full time in the service and the nominated individual for the registered provider did not have the necessary knowledge of the requirements of the legislation to ensure the service was properly managed. Shortfalls in the quality and safety of the service were not identified because governance systems were not adequate or effective. The registered provider and registered manager had not ensured that the required improvements were made to meet the regulations following our last inspection in November 2015. Regulations relating to safe care and treatment, medicines, staff supervision, personalised care and governance continued to be breached. Further breaches of regulation were found relating to the Deprivation of Liberty Safeguards (DoLS), notifications and to the displaying of the inspection rating.

Improvements had been made to the maintenance of the premises. Areas of the home had been refurbished, including the dining room and laundry. Repairs had been made as required. Worn carpets had not yet been replaced through the communal areas, but this was scheduled for completion by Jan 2017. The premises were clean and free from unpleasant odours at the time of our inspection. The registered provider had not ensured that the infection control policy for the service was in line with Department of Health guidance. We have made a recommendation about this.

The service had not been designed or decorated in a way that provided a dementia friendly environment. At our last inspection we made a recommendation that the registered provider seek advice about this as they were providing care to people living with dementia. This had not yet happened. We recommend that the registered provider seeks advice on best practice in providing a dementia friendly environment to maximise people's independence.

Improvements had been made to the culture of the service especially at meals times. People were not rushed through their meals and staff spent time talking with them and enhancing their meal time experience. We made a recommendation about how this could be improved further.

People knew how to make a complaint if they needed to and felt they would be listened to. It was not clear from the documentation that people were involved in reviewing their plans and when we asked people about this they were unclear if they had been involved. Some people were unaware of the way they could give their views about the service. We have made a recommendation about this.

People told us they felt safe living at the service. People were protected by staff that understood how to recognise and respond to the signs of abuse. There were sufficient numbers of staff on duty at all times to meet people's needs in a safe way. The registered provider had systems in place to check the suitability of staff before they began working in the service. People and their relatives could be assured that staff were of good character and fit to carry out their duties.

Staff identified and met people's health needs. Where people's needs changed they sought advice from healthcare professionals and followed the advice given. People had enough to eat and were supported to make choices about their meals. Staff knew about and provided for people's dietary preferences and restrictions.

People and their relatives told us they felt the staff were caring and treated them kindly. Staff knew people well and communicated effectively with them. People had positive relationships with the staff that supported them. People's right to privacy was maintained and they were treated with kindness and respect. Staff sought and obtained people's consent before they provided care. Staff were responsive to people's needs and requests and people did not wait long for care.

People were supported to spend time doing activities that they enjoyed. People told us they particularly enjoyed the outings arranged by the service.

You can see what action we told the provider to take at the back of the full version of the report. Full information about CQC's regulatory response to any concerns found during inspections is added to reports after any representations and appeals have been concluded.

At our last inspection, in November 2015, the service was rated as Inadequate for the key question of Safe. At this inspection, the service is rated as Inadequate for the key question of Well-led. The service is therefore in 'Special Measures'. Services in special measures will be kept under review and, if we have not taken immediate action to propose to cancel the provider's registration of the service, will be inspected again within six months. The expectation is that providers found to have been providing inadequate care should have made significant improvements within this timeframe.

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

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

## 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.

Risks to people's safety and welfare had not always been managed effectively. People at risk of dehydration did not have their fluid intake monitored. There was a lack of effective planning for fire safety in the service.

People had not been supported to manage their medicines in a safe way.

Staff knew how to recognise the signs of abuse and report any concerns. The registered provider had effective policies for preventing and responding to abuse.

Sufficient numbers of staff were deployed to meet people's needs and keep them safe. Safe recruitment procedures were followed in practice.

The risk of the spread of infection in the service was reduced. However, we made a recommendation that the registered provider follows advice in the Department of Health guidance for infection control.

**Requires Improvement** 

### Is the service effective?

The service was not consistently effective.

Staff had received the training they needed to meet people's needs, but this had not been updated as needed. Staff were not provided with supervision and appraisal of their performance in line with the registered provider's policy.

Staff were knowledgeable in the principles of the Mental Capacity Act 2005 (MCA) and only provided care when people had consented to this. However, the registered provider had not ensured that the requirements of the Deprivation of Liberty Safeguards (DoLS) under the MCA 2005 had been met. This meant that people may be unlawfully deprived of their liberty.

The premises had not been designed in a way that met the needs of the majority of people using the service who were living with

**Requires Improvement** 

dementia.

People were supported to eat sufficient amounts to meet their needs and were provided with a choice of suitable meals. People were supported to maintain good health.

### Is the service caring?

Good ●

The service was caring.

Staff communicated effectively with people and treated them with kindness, compassion and respect. Staff knew people well and had positive relationships with the people they cared for.

People's privacy and dignity was respected by staff. Staff promoted people's independence and encouraged them to do as much for themselves as they were able to. People were not always involved in developing their care plan.

### Is the service responsive?

Requires Improvement ●

The service was not consistently responsive.

People did not have personalised plans that met their specific individual needs. People's care plans lacked information about how to meet their needs relating to their dementia.

Staff responded in a timely way to people's needs and requests.

People were supported to give feedback about the care their received, but not everyone was aware of the different ways they could do this. People's views were listened to and acted upon.

### Is the service well-led?

Inadequate ●

The service was not well-led.

The registered manager and registered provider had not ensured that the required improvements from the last inspection had been made and maintained. The nominated individual for the registered provider did not have a clear understanding of the requirements of relevant legislation relating to the running of the service. The service did not have a registered manager who worked full time in the service to ensure the required standards were maintained.

There was a lack of effective systems in operation for checking the quality and safety of the service at regular intervals. Where there were shortfalls in service delivery the registered provider

had not identified these or taken relevant action.

Accurate records were not maintained about people's needs or the care provided to them. This meant that the registered manager could not effectively monitor care delivery or identify any changes to people's needs.

The registered provider and registered manager had not fulfilled their responsibility to notify the Commission of applications made to the statutory body regarding Deprivation of Liberty Safeguards (DoLS) The registered provider had not displayed the rating from the last inspection in the service.

# Darenth Grange Residential 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. At our last inspection on 18 November 2015 we found six breaches of regulation. This inspection was carried out to check whether the provider is now meeting the legal requirements and regulations associated with the Health and Social Care Act 2008, to look at the overall quality of the service, and to provide a rating for the service under the Care Act 2014.

This inspection was carried out on 04 November 2016 and was unannounced. The inspection team consisted of one inspector and an expert by experience. An Expert by Experience is a person who has personal experience of using or caring for someone who uses this type of care service.

Before the inspection, the provider completed a Provider Information Return (PIR). This is a form that asks the provider to give some key information about the service, what the service does well and the improvements they plan to make. We took the information they provided into account when planning this inspection. Before the inspection we also looked at records that were sent to us by the registered provider and the local authority to inform us of significant changes and events. We spoke with the local safeguarding team and commissioning team to obtain their feedback about the service.

We looked at four people's care plans, risk assessments and associated records. We reviewed documentation that related to staff management and two staff recruitment files. We looked at records of the systems used to monitor the safety and quality of the service, menu records and the activities programme. We also sampled the services' policies and procedures including those relating to fire safety.

We spoke with nine people who lived in the service and three people's relatives to gather their feedback about the care provided. We spoke with the nominated individual for the registered provider, one director, two senior care workers and two members of the care team. We used the Short Observational Framework for Inspection (SOFI). SOFI is a way of observing care to help us understand the experience of people who



could not talk with us.

We last inspected the service in November 2015 when we rated the service 'Requires Improvement.'

## Is the service safe?

### Our findings

People and their relatives told us they felt safe living at the service. One person told us, "I took a little while to settle; it's very difficult when you have been in your own home. You don't feel you're being watched all the time, but you feel absolutely safe." Another person told us, "I feel safe here; they have experience." A person's relative told us they had confidence in the safety of the service. They said, "They always phone when there is a problem. It feels safe; very safe." People told us that their belongings were kept safe. One person said, "All my possessions are safe." Another person said, "I only have a few knickknacks, but I feel very safe here."

Despite this, we found that the service was not always managed in a way that would ensure that people were consistently safe and that risks to people's safety were minimised. At our inspection on 18 November 2015 we found that the registered provider was in breach of Regulation 12 of the Health and Social Care Act 2008 (regulated activities) Regulations 2014. They had not ensured that appropriate action was taken to identify and reduce risks to people's safety and welfare. This included not ensuring that risks relating to fire were minimised and that individual risks were reduced. The registered provider sent us an action plan telling us they would be compliant with this regulation by January 2016.

At this inspection we found that improvements had been made, although not all the issues identified at the last inspection had been fully addressed. The emergency lights had been repaired, a disaster plan for the service had been developed to ensure that the service could continue to operate in the event of an emergency, and assessments of risk to individuals and staff had been undertaken. However, we found that three fire doors had not been closing properly for a period of three months. The registered provider told us, in their provider information return, that all fire safety equipment was serviced annually. The equipment had last been serviced in August 2015 and the next service visit had not yet been arranged. A fire consultancy company had provided advice on the evacuation procedures for the service, however the evacuation procedure displayed by the fire panel had not been reviewed since May 2013. People had personal emergency evacuation plans (PEEPs) to inform staff what support they needed to evacuate the building in the event of an emergency. However, the plans did not detail how people that usually required a wheelchair would be evacuated from the first floor without using the lift (lifts should not be used in the event of a fire). Whilst PEEPs had been written they were not available in people's computerised care plans for staff to access at the time of the inspection. The senior care worker advised that these had been removed in error and would be reinstated and updated. The disaster plan included information about action to take in the event of a fire, but did not include information about how the service would be managed in the event of other events such as flood, loss of power, loss of heating or inclement weather that may affect staff getting to work. The plan also referred people to the customer service manager and receptionist, but the registered provider told us there were no staff working in these positions in the service at Darenth grange.

While risk assessments had been undertaken, these had not consistently been used to inform care plans and guidance for staff. One person, who had been assessed as unable to weight bear, had a care plan that stated they often required assistance to get up from the floor, but the plan did not say how staff should do this or if any equipment was required. The person's care plan also said they needed the help of two staff to

get in and out of the bath, but the care plan and associated risk assessments did not detail how this should be done. Staff told us that the person needed the use of equipment to help them move on occasions and this was assessed daily, however the person's care plan did not refer to this assessment process. This means that staff may be unclear about how to safely move the person, which left them and the person at risk of injury.

Two people's care plans stated that they required their fluid intake to be monitored as they were at risk of dehydration. The care records for these people did not contain an accurate record of their fluid intake to allow staff and the registered manager to monitor this and ensure they were receiving enough fluid. Senior staff we spoke with told us that the new computerised care plan and record system only allowed for three entries of food and fluid per day. Following the inspection the registered manager advised that the system did allow more frequent input, but the staff on duty were not aware of this. We saw that fluid intake had not been entered accurately on the electronic care record system at the time of the inspection. Additionally there was no guidance for staff in the individual's care plans about how much fluid they should be aiming to drink each day to ensure they remained healthy.

Risks to people's safety and welfare were not appropriately managed to ensure the risks were reduced. This is a continuing breach of Regulation 12 of the Health and Social Care Act 2008 (regulated activities) Regulations 2014.

Other risks were managed effectively, including the risk of falls. There was a clear falls policy in place that ensured that people were referred to the specialist community falls team if they had more than three falls. Falls in the service were monitored monthly and the action taken recorded.

At our inspection on 18 November 2015 we found that the registered provider was in breach of Regulation 12 of the Health and Social Care Act 2008 (regulated activities) Regulations 2014 in relation to managing people's medicines safely. There were errors in the recording of when people had taken their medicines and some medicines that required specialist storage and control were not recorded properly. Staff did not have guidance about the circumstances in which they should administer medicines prescribed to be given 'as required'. The registered provider sent us an action plan telling us they would be compliant with this regulation by January 2016.

At this inspection we found that some improvements had been made although not all of the issues identified at the previous inspection had been fully addressed. People told us that they received their medicines when they needed them. One person said, "I need to take a lot of medicine. I always get my medicine on time." Another person said, "Nothing is ever forgotten." Improvements had been made to the medicine administration records (MAR) and staff were no longer signing for medicines before people had taken them. Staff clearly explained to people what the medicines were used for. However we found that where a person was consistently refusing a medicine this had not been recorded as such. The registered manager had introduced the use of a controlled drugs record book to record the use and storage of particular medicines that are classified as controlled drugs. However, the recording of all people's medicines was on the same page, which conflicts with guidance provided by the Royal Pharmaceutical Society. We found errors in the recording of medicines in this book about the amount of medicine kept in the service.

There continued to be a lack of guidance for staff about the circumstances in which they should administer medicines to people that were prescribed to be given 'as required'. This meant that the use of the medicines was open to interpretation by individual staff and may not be used in a consistent way. For example, where a person was prescribed a medicine to be given when anxious, there was no recorded information to guide staff in recognising when the person was anxious and at what point during a period of anxiety the medicine

should be given. A person was prescribed a cream to be used on a sore area of skin on their foot, but there was no information in the care plan about which cream this was and how often this should be applied.

People's medicines were not always managed in a safe way. This was a continuing breach of Regulation 12 of the Health and Social Care Act 2008 (regulated activities) Regulations 2014.

At our inspection on 18 November 2015 we found that the registered provider was in breach of Regulation 15 of the Health and Social Care Act 2008 (regulated activities) Regulations 2014. They had not ensured that the premises were suitably maintained and safe and comfortable for people to use. The registered provider sent us an action plan telling us they would be compliant with this regulation by 2017. At this inspection we found that some improvements had been made already and work was underway to complete the remaining improvements by 2017. The registered provider had met the requirements of this regulation. The dining room had been refurbished and new flooring fitted, and the food serving area had been updated and redecorated. The laundry had been refitted and damaged flooring replaced to an upstairs area leading to a bathroom. Cracked tiles and damaged ceiling in a bathroom had been repaired. There were still areas of work remaining, but these had been included on the refurbishment plan. This included the replacement of the hallway carpets, repainting the corridors and replacing the worn flooring to a downstairs toilet.

People were protected by staff that understood how to recognise and respond to the signs of abuse. They knew how to access information about safeguarding and where the policy related to the safeguarding of adults was located. The policy reflected the guidance provided by the local authority and had been recently reviewed. Staff understood their responsibilities to report any concerns about abuse and told us they were confident to do so. Staff had completed training in safeguarding of adults, however some staff's training in this area was out of date. The registered provider understood how to report safeguarding matters appropriately and had demonstrated that they had worked positively with the local safeguarding team to ensure people's safety when risks had been identified. CCTV was fitted in communal areas of the service, with people's consent, to ensure their safety.

People told us that there were enough staff working in the service to meet their needs. One person said, "They're not over staffed. They can't hang around, but I don't have to wait." Another person said, "It's very nice indeed here. They always have time for you although they are always really busy." There was a sufficient number of staff on duty at all times to meet people's needs in a safe way. The staff rotas showed that sufficient numbers of care staff were deployed during the day, at night time and at weekends. Where it was not possible to fill shifts with regular staff, the provider used agency workers to cover vacancies. However, staff confirmed, and we observed, that the agency staff that were used regularly in the service knew people well. There was a number of auxiliary staff employed at the service who provided support with housekeeping and laundry. Staff were also employed to work in the kitchen. We saw that staff had time to chat with people and support them with social activities in addition to meeting their health and care needs. Staff responded quickly when people called for assistance and there were staff available to supervise people at all times in the communal areas of the service.

The registered provider followed robust procedures for the recruitment of new staff. Staff files contained interview records, references and a disclosure and barring check. Gaps in employment history were explained. Where agency staff were employed, appropriate checks had been made of their suitability and fitness to work in the service. All staff received an induction and shadowed more experienced staff until they could demonstrate a satisfactory level of competence to work on their own. New staff were subject to a probation period before they became permanent members of staff. Disciplinary procedures were followed if any staff behaved outside their code of conduct. This ensured people and their relatives could be assured that staff were of good character and fit to carry out their duties.

The premises were clean and free from unpleasant odours at the time of our inspection. We saw housekeeping staff undertaking their regular daily cleaning tasks. People told us that the service was kept clean. One person said, "You have clean sheets all the time." Another person said, "The home is nice and clean." A person's relative told us, "A lot has been done to improve the dining room and lounge. There is never a smell." The service did not have a lead person for infection control to ensure that the infection control policy was implemented. However, staff understood infection control practice and the importance of effective handwashing in reducing the risk of infection. Staff understood and followed safe procedures for managing soiled laundry and clinical waste. This meant that people's risk of acquiring an infection was reduced. We recommend that the registered provider identify an infection control lead for service as referred to in the code of practice on the prevention and control of infections published by the Department of Health.

## Is the service effective?

### Our findings

People told us that the staff had the knowledge and skills to meet their needs. One person told us, "I am happy with the staff. They seem to know what they are doing." People told us that their health needs were met. One person said, "All my doctors' appointments are sorted out here." A person's relative told us, "We know what to do if we have an issue. At one point she wanted to see a chiropodist and it was organised very swiftly." Another person's relative told us, "She gets regular visits from the doctor."

At our inspection on 18 November 2015 we found that the registered provider was in breach of Regulation 18 of the Health and Social Care Act 2008 (regulated activities) Regulations 2014. They had not ensured that staff were regularly supervised and had their performance reviewed at regular intervals to ensure they were competent in meeting the requirements of their role. The registered provider sent us an action plan telling us they would be compliant with this regulation by March 2016.

At this inspection we found that some improvements had been made, although not all of the issues identified at the previous inspection had been fully addressed. Most staff had now received an appraisal of their performance, and the registered provider told us it was their policy for all staff to receive an annual appraisal. However, three staff members' files showed that they had not received an appraisal within the last 18 months. We found that four members of staff had only attended a supervision meeting with their manager once in 2016. The registered provider told us that their policy was for this to be carried out four times a year. Staff meetings were infrequent with the last meeting being held in July 2016. The registered provider told us that they had begun observing staff practice and providing staff with feedback and guidance on how they could improve their practice. This feedback had been recorded in one staff member's supervision record, but there was no record of observations or of feedback to any other staff.

Staff received essential training to enable to carry out their roles effectively. There was a programme of training for staff to complete that included safeguarding, first aid, food safety, infection control, safe moving and handling, dementia and the Mental Capacity Act 2005. Staff demonstrated that they had understood the training they had completed, for example they knew how to recognise and report safeguarding concerns. However we found that six members of staff had completed training in food safety and safeguarding in 2012 and had not renewed this once their certificates had expired after three years.

The registered provider had not ensured that all staff were appropriately supervised in their roles or had an appraisal of their performance to ensure they were carrying out their roles effectively. Some staff training had not been renewed when it expired. This was a continuing breach of Regulation 18 of the Health and Social Care Act 2008 (regulated activities) Regulations 2014.

Staff were encouraged to gain qualifications relevant to their roles. New staff were required to complete the Care Certificate. The 'Care Certificate' was introduced in April 2015. It is designed for new and existing staff and sets out the learning outcomes, competencies and standard of care that care homes are expected to uphold. There were three members of staff working towards this certificate at the time of the inspection. Staff told us they had the opportunity to study and gain other qualifications such as a diploma in health and

social care. Sixteen out of 31 members of staff had completed a relevant health and social care qualification.

Staff were trained in the principles of the Mental Capacity Act 2005 (MCA). The MCA provides a legal framework for making particular decisions on behalf of people who may lack the mental capacity to do so for themselves. The Act requires that as far as possible people make their own decisions and are helped to do so when needed. When they lack mental capacity to take particular decisions, any made on their behalf must be in their best interests and as least restrictive as possible. Staff we spoke were able to describe the main principles of the legislation. We saw that staff obtained people's consent, for example before providing care or helping people to move. People had given consent to the use of CCTV in the communal areas of the premises.

People can only be deprived of their liberty so that they can 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 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. Nine people using the service required an authorisation to deprive them of their liberty in order to ensure their safety. Two people had a DoLS authorisation in place. One person had recently moved to the service and an application had been made. The registered manager had made an application for two people in June 2015 and one in September 2015 that had not yet been granted. Two of these people had been provided with urgent authorisations, but these had expired in June and September 2015. The registered manager had not demonstrated that they had taken sufficient action to follow up the long delay in receiving these authorisations. A further three people had authorisations that had been granted, but these had expired in July and September 2015. The registered provider confirmed that the authorisations would still be required for the three people, but a new application had not been made.

The registered provider had not ensured that the requirements of the Mental Capacity Act 2005 had been complied with in respect of the Deprivation of Liberty Safeguards. People were being deprived of their liberty unlawfully. This was a breach of Regulation 11 of the Health and Social Care Act 2008 (regulated activities) Regulations 2014.

People's care records showed that health and social care professionals were involved with their care, including GPs, dentists and district nurses. A GP from the local surgery visited the service weekly and district nurses visited twice a week. A chiropodist was available in the service every eight weeks for people to use if they wished. Care plans were in place to meet people's health needs and these had been reviewed and updated where people's needs had changed. Staff reported concerns about people's health to the person in charge of the shift and they reported these onto the health professional as needed. One person was being cared for in bed with the support of the community nursing team. Staff understood what action they needed to take to ensure the person's skin remained healthy and did not break down into pressure ulcers. As a result, the person had no pressure ulcers. A handover system was used to ensure that staff were aware of people's health each day when they arrived for work. This ensured that staff responded when people's health needs changed.

People told us they enjoyed the meals and had sufficient choice. People's dietary needs and preferences were documented and known by the kitchen staff. There was a menu displayed in the dining room. The menu provided two choices of meal per day. People told us that if they did not want either meal the cook would prepare an alternative. People were provided with hot and cold drinks and snacks at regular intervals during the day. People were given the assistance they needed to eat their meals and had the equipment they needed so they could eat independently.

At our inspection in November 2015 we made a recommendation that the premises be reviewed to ensure they provided a dementia friendly environment. At this inspection we found that this had not been done. There had not been consideration given to the decoration and lighting throughout the service to ensure that people with dementia, which often affects people's vision and perception, could find their way around. The service was decorated in neutral colours. People were provided with white plates that were placed on white table cloths. We discussed with the registered provider how contrasting colours schemes can help people to see areas of the service more clearly, for example to define doorways and handles. Coloured toilet seats can be visually helpful to people as can directional signs to assist them in finding their way. We recommend that the registered provider seeks advice on best practice in providing a dementia friendly environment to maximise people's independence. The premises met people's physical needs. There was a lift to first floor and a stair lift. Handrails were fitted throughout.



## Is the service caring?

### Our findings

People and their relatives told us the staff were caring and treated them kindly. One person told us, "They are very respectful; they close the door if they are doing anything for you." Another person told us, "I feel I can talk to any of the girls [staff] here and new staff always come and introduce themselves to me." Another person told us, "Yes, the staff are respectful. They certainly don't bully me; they know what I like." A person's relative told us, "They are kind and treat her as an individual." Another person's relative said, "Really, really caring; we've been very pleased." Another person's relative said, "We have had consistency with staff; they get to know the families." People told us that they were encouraged and enabled to be as independent as possible.

At our inspection on 18 November 2015 we found that the registered provider was in breach of Regulation 10 of the Health and Social Care Act 2008 (regulated activities) Regulations 2014. Staff had not consistently demonstrated respect for the individuals or provided them with compassionate and dignified care. The registered provider sent us an action plan telling us they would be compliant with this regulation by January 2016. At this inspection we found the required improvements had been made and this regulation was being met.

People had positive relationships with the staff that supported them. Positive interactions were seen between staff and people throughout the inspection. Staff were kind and patient when talking with people and when providing support. Care and support was provided at an appropriate pace for each person so that they did not feel rushed. When a person was anxious and upset staff were kind and spoke with the person at length explaining what was happening and reassuring them. Staff were sensitive to people's needs and ensured they were comfortable. A group of people were talking in the lounge and a staff member asked if they would like the TV turned down. The staff member then facilitated the conversation between the group and helped others engage. Staff ensured people were at a comfortable temperature by providing blankets in armchairs and opening windows as needed. Staff knew people well and knew what was important to them. For example, staff explained how important it was for one person to have their doll with them. They cared for the doll as if it were a baby and gained great comfort from this. The staff member knew that it was important to ensure the person had things they needed, such as nappies and spare clothes to allow them to care for their doll. We saw that the person had their doll with them at all times and was relaxed and reassured by its presence.

Staff treated people with dignity and respected their privacy. Staff had supported people to dress appropriately for the weather and their preferred tastes. Attention had been paid to ensure they had their jewellery on if they wished and had their belongings such as handbags, watches and glasses. People visiting the service told us their relatives were always clean and well dressed. One person said, "She [relative] has her hair done every week and is always clean and tidy." There was a hairdressing salon in the service and appointments were provided once a week. People's right to privacy was respected. Staff ensured that doors and curtains were closed before providing personal care and they were discreet when discussing people's needs. People's spiritual and cultural needs were met. They were supported to attend any church services as they wished and their right to pray and practice their religion was respected. Significant events, such as

Christmas and birthdays were celebrated in the service.

Staff encouraged people to do as much as possible for themselves. Staff were aware of the importance of providing the right level of support to ensure that people's needs were met, but also to enable them to do as much for themselves as possible. Staff asked if people wanted help with their meals before providing it. A staff member described how they provided a degree of assistance to a person to eat as they struggle to manage completely independently, but that the person also held a fork and managed eating themselves where they were able to. People were provided with equipment, where needed, to enable them to move around independently, for example walking frames. One person was involved each day in household tasks such as folding laundry and laying the tables for meals. Staff told us this helped the person feel valued and occupied. The person told us, "I like to do things and the staff encourage me. They ask me if I would like to do things like set the tables. There's always folding to be done." Another person told us, "They know me. If I get bored, for something to do, I take the orange juice round at lunch time."

Clear information about the service was provided to people and their relatives. A brochure was provided to people who wished to move into the service. There was a clear complaints procedure which was made available to people. A noticeboard in the service displayed information for people using the service. People were involved developing their care plans when they first moved to the service. They were asked about their needs and these were recorded. It was not clear from the documentation that people were involved in reviewing their plans and when we asked people about this they were unclear if they had been involved. One person told us, "Care Plan? No, nobody has ever spoken to me about a plan for my care." We recommend that the way people are involved in reviewing and updating their care plans be formalised and recorded.

## Is the service responsive?

### Our findings

People and their relatives told us that the staff were responsive to their needs and requests. One person told us, "Staff are extremely helpful." Another person said, "They are there when I need them, they come quite quickly." A person's relative told us, "We liked the staff and the room she was offered. We had looked at about six other homes before this one. All the staff are lovely; they do her nails every week. They take the residents out a couple of times a week. We are very happy with her care here." People told us they could live their life in the way they wanted. One person said, "I like going to sleep when I want to and they respect that." Another person told us, "I have nothing to moan about. I like whatever they come up with. They take you out and I like to go out a lot." People told us that they were supported to lead the lifestyle of their choice and to take part in activities that were of interest to them. One person said, "I like to play the piano and we have [a staff member] who comes to play to us on Thursdays. I enjoy that. I've been to the theatre to see The Sound of Music and we have board games. I sometimes go out in the garden." A person's relative told us, "They involve Mum in bingo and exercise and sometimes she has a little dance. They have suggested audio books for her." Another person's relatives told us, "I've noticed that the music they play is always appropriate."

At our inspection on 18 November 2015 we found that the registered provider was in breach of Regulation 9 of the Health and Social Care Act 2008 (regulated activities) Regulations 2014. People's needs had not been assessed fully and their care had not been planned and regularly reviewed in a way that reflected and met their individual needs, preferences, and social history. The registered provider sent us an action plan telling us they would be compliant with this regulation by February 2016. At this inspection we found that, whilst some improvements had been made and people were happy with the service, there remained areas needing improvement.

People's needs had been assessed, which included seeking the views of the person about their own care needs. People had a care plan written that addressed some of their care needs such as their personal care needs and health needs. However this was not written in a way that ensured their care was provided in a personalised way. For example, there was a bath rota in operation in the service to offer people a bath once a week, which is considered to be institutional practice and not in line with providing personalised care. Whilst staff told us that people could have this more frequently if they wished there were not personalised plans in place for people's personal care. We would expect to see that people had a care plan that detailed whether they preferred a bath or shower, what support they wanted and needed, any personal preferences and how frequently they would like this. This was not in place in the four care plans that we looked at.

Since our last inspection the registered manager had sought and recorded information about people's life history and background. This helped staff to understand more about each person and why things may be important to them. However, this information had not been used to develop the care plan, for example information about people's past occupations and hobbies had not been used to when planning to meet their social and occupational needs. Information that had been recorded in the assessment about people's preferences had not always been added to the care plan to ensure staff could provide personalised care. For example a person's assessment documentation recorded that they did not like to be rushed and that they

enjoyed a soak in the bath. The person's care plan did not include this information and their records showed they were only having a weekly bath in line with the bath rota.

The home had introduced 'doll therapy', which is one way in which staff can help people with dementia to enrich their life and ease anxiety. Whilst it was clear that staff knew information about a person's need to care for their doll, this had not been recorded in their care plan. There was specific information known by staff such as who the person was referring to when they named their doll and what equipment they needed to have with them to allow them to care for their doll. The lack of recorded information about this important aspect of the person's care meant that the person was at risk of an inconsistent approach to their care, especially where agency staff were used.

People's care plans for managing their continence lacked detail and personalised information about the support they required. The care plans we saw stated that the person should be offered the use of the toilet regularly, but there was no information about what regularly meant to ensure that staff were consistent in their approach. Each person is different and will have different requirements regarding how often they need to visit the toilet.

The majority of people using the service were living with dementia, but we found that their care plans lacked information about their needs in this area. The individuals care records we looked at included a mental health care plan that simply stated "X has dementia" with no further information about the type of dementia and how this affected the person. This information is important when caring for people living with dementia as it affects people in different ways and different types of dementia have specific known traits. For example, a senior staff member knew that a person had been diagnosed with Dementia with Lewy Bodies. This type of dementia is known to cause hallucinations and we saw that the person was experiencing these during the inspection. There was no information in the person's care plan about this and not all staff we spoke with knew this information. This meant that staff may be inconsistent in their approach to supporting this person when they experienced hallucinations, as they did not understand the link with their condition. Another person's care plan for their mental health stated that they had dementia and that this affected their communication. The plan did not detail in what way it affected their communication or what staff could do to help them overcome this.

People did not have personalised care plans that ensured their care was provided in a way that met their individual needs. Staff were not provided with the information they needed to provide people's care in a consistent way. This was a continuing breach of Regulation 9 of the Health and Social Care Act 2008 (regulated activities) Regulations 2014.

Improvements had been made to the culture of the service especially at meals times. People were not rushed through their meals and staff spent time talking with them and enhancing their meal time experience. We did note however that meals were not served per tables. This meant that some people on a table had their meal and were almost finished whilst others on the same table sat and waited for their meal to be delivered. This did not support people to have an enjoyable social experience at mealtimes. We recommend that the system for serving meals be reviewed.

Since our last inspection the registered provider had introduced a new computerised care planning system. The system created alerts when reviews of care plans and risk assessments were due. It also alerted staff when people needed a particular intervention such as a measurement of their weight or blood sugar level. We saw that people's care plans had been reviewed monthly. Staff were aware of people's needs and responded to these and to their requests within a reasonable time frame. People did not wait for support when they pressed their call bells or if they called for assistance. One

person asked staff to put her mobile phone on charge and this was organised straight away. People were supported to move or reposition themselves if they appeared uncomfortable and were encouraged to drink regularly. When a person was upset staff responded immediately and stayed with the person until their needs had been met. A staff member had supported one person by placing a pull cord on the zip of their trousers so that they could pull them up independently. The person told us they were very pleased with the 'invention'.

People were enabled to spend their time how they wished. Some people were reading newspapers and others watching television. There was a programme of weekly activities provided in the service that people told us they enjoyed. This included musical entertainment, quizzes and dancing. The service had a minibus for people to use, to access their local community. Staff were provided to arrange trips out twice a week. People regularly went to restaurants, pubs and theatres in the nearby towns. Everyone told us they enjoyed the outings that were arranged, but most said they would enjoy these more often. One person told us, "There's nothing I'd change except more bus trips" and another person said, "I live for the outings. I'm easy to please as long as I get out." People were supported to visit a local dementia café and had recently been to a maritime museum and seen a show at a theatre.

People and their relatives were aware of how to make a complaint. Information about how to complain was provided for people in the brochure and in the reception area of the service. One person told us, "If I had a concern I would go to the desk; I'm sure they would listen to me." Another person told us, "If I'm in my room I ring the bell if I've got a problem. If it's something more then you go into the office and they are always there, the two bosses and they sort it out." A person's relative told us, "If I had any complaints I'd go to [the registered manager or the owner]. They are very helpful." Another person's relative told us, "I would go straight to the manager if I had a complaint." The registered manager had taken appropriate action to investigate complaints and provide feedback to the complainants within an appropriate time frame.

People were invited to give feedback about the quality of the service through resident meetings held in the service. These had been held infrequently in the past, but the registered manager had reintroduced them and the most recent had been held in July 2016. However, some people were unaware of the way they could give their views about the service. One person told us, "Nobody has ever sat down with me and asked me for my views before." Another person said, "I have no experience of other services, but I can make suggestions, but nobody has asked me for my views." People and their relatives were also invited to complete an annual satisfaction survey. The most recent customer survey had been carried out in 2015 and showed that people were satisfied with the service they received. We recommend that the registered provider reviews the systems in place for seeking feedback to ensure they are effective.

## Is the service well-led?

### Our findings

People told us they were generally satisfied with the service they received. They knew who the registered manager and registered provider were and felt they could go to them if they had any concerns. One person told us, "We really like it here, it is homely and warm. The staff are very approachable and friendly." Another person said, "I like the owners, they are very nice people, their personality comes through the whole place." However, despite the overall positive feedback from people using the service we found that the service was not well led.

At our inspection on 18 November 2015 we found that the registered provider was in breach of Regulation 17 of the Health and Social Care Act 2008 (regulated activities) Regulations 2014. The registered provider did not have effective systems in operation for checking and improving the quality and safety of the service people received. Systems for ensuring people's care met their changing needs were not always effective. The registered provider had not ensured accurate and complete records were maintained in relation to people's needs, the care provided and the running of the service. The registered provider sent us an action plan telling us they would be compliant with this regulation by January 2016. At this inspection we found that this regulation continued to be breached.

The registered provider had not ensured that the service was managed by a person who had the required knowledge of legislation to ensure that safe and effective care was provided. At the time of the inspection the registered manager was on annual leave and the deputy manager was overseeing the running of the service. They told us that the registered manager worked in the home three days a week and that on the remaining days they were responsible for the running of the service. The deputy manager was also the nominated individual for the registered provider, however they were not aware that they were named as the nominated individual until we informed them of this during the inspection. The deputy manager did not demonstrate that they had the required knowledge of relevant legislation and practices to enable them to manage the service in the registered manager's absence. The registered provider was not able to demonstrate that they had the required knowledge to oversee the quality and safety of the service. They were not able to demonstrate that they understood the requirements of the Deprivation of Liberty Safeguards (DoLS) under the Mental Capacity Act 2005. They were also not aware of who was subject to a DoLS authorisation and whether there were any conditions attached to the authorisation. Additionally the registered manager had not understood the requirements of this legislation and had not ensured they were met.

The deputy manager was not aware that people had Personal Emergency Evacuation Plans (PEEPs) in place. This meant that whilst they were in charge of the service they would not be able to direct an effective and safe evacuation of the building in the event of an emergency such as a fire. The registered manager had not ensured that the PEEPs were available to staff on the new computerised care plan system to ensure that they could carry out an effective evacuation of the building in an emergency.

The registered provider had not ensured that systems for checking the safety and quality of the service were effective in identifying problems and rectifying these. The process for checking that the fire safety systems in

the service were working was not effective. Weekly checks had been made of the fire alarm system, emergency lighting, fire doors and firefighting equipment. Four of these tests showed that three fire doors were not closing during August and September 2016. No action had been taken to rectify this problem to ensure the doors closed properly and the same problem was found at the next test. There had been no fire system tests during October 2016 as the person who was allocated to complete the tests was on holiday. The registered manager and registered provider had not ensured that another person was allocated to carry out this test in their absence. The annual service of the fire safety system had not been carried out as required in August 2016. The registered provider had not identified that this service had been missed.

There was no system in place for checking that medicine practice was safe. As such, errors in the recording of controlled medicines had not been identified by the registered provider or the registered manager. There were no audits of the storage or administration of medicines to ensure the practice was safe.

The policy for infection control did not reflect guidance issued by the Department of Health. There was no system in operation for checking infection control practice in the service. This meant that the registered provider could not be assured that staff were following infection control policies. The registered provider had not ensured that the new computerised care plan system was suitable for accurately recording the care provided to people. The system only allowed entries regarding food and fluid to be made three times a day. This meant that staff were not recording people's fluid intake accurately. This was particularly important where people had been assessed as being at risk of dehydration and therefore required their fluid intake to be monitored. Staff had not been carrying out this monitoring and the registered manager and registered provider had not identified this problem. The registered provider told us they had introduced observations of staff practice including the support provided to people at mealtimes. However, they were not able to demonstrate that accurate and complete records of these checks of staff performance had been maintained.

Records about the care provided to people and their wellbeing were limited. Staff had reported on the personal care provided to people and people's physical health needs. Staff did not record and monitor people's mental health, for example there was no record of how people's dementia was affecting them or progressing in order to monitor patterns. Staff did not record how people were occupied during the day to ensure that the registered manager could monitor that their social needs were being met. This meant that when people's care plans were reviewed there was no record of what was working well and what might need to be improved in these areas.

The registered provider and registered manager had not ensured that the required improvements were made to meet the regulations following our last inspection in November 2015. Regulations relating to safe care and treatment, medicines, staff supervision, personalised care and governance continued to be breached. Further breaches of regulation were found relating to the Deprivation of Liberty Safeguards (DoLS), notifications and to the displaying of the inspection rating.

The registered provider had not ensured that the service was managed in a way that delivered consistent safe and effective care to people. They did not have effective governance systems in operation and had not identified shortfalls in the quality and safety of the service. Accurate records were not kept for the purpose of running the service. This is a continuing breach of Regulation 17 of the Health and Social Care Act 2008 (regulated activities) Regulations 2014.

The registered manager had notified us of significant incidents that affected the wellbeing of people using the service. However the registered manager and the registered provider had not notified us of DoLS authorisations that had been granted by the authorising body. The failure to notify us of these applications

was a breach of regulation 18 of the Care Quality Commission (Registration) Regulations 2009 (part 4).

The registered provider had not displayed the rating issued by the Commission at the inspection in November 2015. This is a breach of Regulation 20A of the Health and Social Care Act 2008 (regulated activities) Regulations 2014.

The service was supported people to maintain links with the local community. People were supported to go out for social activities in the community and to use facilities such as shops, restaurants and theatres. People could receive visitors when they wished and leaders and members of churches were invited in the support people to practice their faith as they wished.



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 18 Registration Regulations 2009 Notifications of other incidents  The registered manager and the registered provider had not notified us of DoLS authorisations that had been granted by the authorising body. 18(4A)(a)(4B)
Regulated activity	Regulation
Accommodation for persons who require nursing or personal care	Regulation 9 HSCA RA Regulations 2014 Person-centred care  People did not have personalised care plans that ensured their care was provided in a way that met their individual needs. Staff were not provided with information they needed to provide people's care in a consistent way. (9)(3)(b)
Regulated activity	Regulation
Accommodation for persons who require nursing or personal care	Regulation 11 HSCA RA Regulations 2014 Need for consent  The registered provider had not ensured that the requirements of the Mental Capacity Act 2005 had been complied with in respect of the Deprivation of Liberty Safeguards. People were being deprived of their liberty unlawfully. 11(1)
Regulated activity	Regulation
Accommodation for persons who require nursing or personal care	Regulation 12 HSCA RA Regulations 2014 Safe care and treatment  Risks to people's safety and welfare were not appropriately managed to ensure the risks were

reduced. 12(2)(a)(b)(d)

People's medicines were not always managed in a safe way. 12(2)(g)

### Regulated activity

Accommodation for persons who require nursing or personal care

### Regulation

Regulation 20A HSCA RA Regulations 2014 Requirement as to display of performance assessments

The registered provider had not displayed the rating issued by the Care Quality Commission at the inspection in November 2015. 20A(3)

### Regulated activity

Accommodation for persons who require nursing or personal care

### Regulation

Regulation 18 HSCA RA Regulations 2014 Staffing

The registered provider had not ensured that all staff were appropriately supervised in their roles or had an appraisal of their performance to ensure they were carrying out their roles effectively. Some staff training had not been renewed when it expired. 18(2)(a)

This section is primarily information for the provider

## Enforcement actions

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

Regulated activity	Regulation
Accommodation for persons who require nursing or personal care	<p>Regulation 17 HSCA RA Regulations 2014 Good governance</p> <p>The registered provider had not ensured that the service was managed in a way that delivered consistent safe and effective care to people. They did not have effective governance systems in operation and had not identified shortfalls in the quality and safety of the service. 17(1)(2)(a)(b)</p> <p>Accurate records were not kept for the purpose of running the service.17(1)(2)(c)</p>

### **The enforcement action we took:**

Warning Notice