

St Andrews Care GRP Limited

Lansbury Court Nursing 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?

Good



Overall summary

This inspection took place on 15 June 2015 and was unannounced. This meant the provider did not know we would be visiting. A second day of inspection took place on 16 June 2015 and was announced.

Lansbury Court provides care for up to 56 people some of whom have nursing care needs. All bedrooms are on the ground floor. The service is in two wings Lansbury and Castle Dene House which is specifically for people who are living with dementia. At the time of the inspection

there were 40 people using the service; 15 people had general nursing needs, eight received residential support; 17 people were living with dementia and six people were visiting for respite care.

The registered manager had recently left to take up alternate employment and had not yet cancelled their

Summary of findings

registration with the Care Quality Commission. There was a manager in post who had started employment three weeks prior to the inspection. They had not yet started there registration application.

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.

Medicine was administered to people in a safe way; however we saw that some bottled medicine did not have an opened date recorded on it. Medicine instruction sheets for the administration of warfarin had not been updated or reviewed to ensure they met people's needs. For people who had been prescribed 'as and when required' medicines not everyone had a protocol in place for how or when these should be administered. We did not see any evidence of people having care plans and risk assessments in relation to the administration of their medicine.

Pre-admission mental capacity assessments were completed but the form did not specify the nature of the decision the person was being asked to make and therefore was not following the principles of the mental capacity act (2005).

One person had a DoLS authorisation in place for continuous monitoring however this had expired and we saw no evidence of a further application having been made.

Several people had been assessed as needing bed rails but we saw no evidence of best interest decisions or specific mental capacity assessments in relation to the use of bedrails. This could amount to a restriction under deprivation of liberty safeguards.

Staff training was not up to date and we saw no evidence that people had received an annual appraisal. The new manager had completed an introductory supervision session with staff since they had come into post but there was no evidence that supervisions had been completed prior to this point.

Care plans were person centred and had been reviewed and evaluated on a monthly basis however the care plan itself had not always been re-written following a change to a persons assessed need.

People and visitors felt their individual needs were being met by staff and that the staff were knowledgeable about people's specific care needs but also knew people well.

Everyone we spoke with said they thought Lansbury Court was a safe place to live and that they were well cared for. Staff were conscious of maintaining people's dignity and treated people with compassion and respect.

Safeguarding procedures were in place and staff were knowledgeable about safeguarding and how to report any concerns.

Specific risk assessments had been completed for moving and handling and falls whilst other risks and interventions were assessed using the care plan documentation. Any incidents were logged and an analysis of accidents and incidents were completed so staff could identify any triggers and manage them accordingly.

There were robust emergency procedures in place and staff were able to describe the fire evacuation procedure. Health and safety risk assessments had been completed. We saw one bathroom and the smoking room were being used for storage of wheelchairs and television sets which presented a risk to people and their visitors as they still had access to the rooms.

A computerised dependency tool was used to assess the number of staff needed. We saw there were plenty of staff working on the days of the inspection and we often saw staff spending quality time with people chatting and engaging in a relaxed and friendly way.

There were robust recruitment procedures in place which included checking people's full employment history, the registration details of nurses, references and a DBS check.

A comprehensive induction was in place which included completion of the care certificate.

People told us the meals were enjoyable and we saw that they had been freshly prepared and presented well. There was a four week menu on the noticeboard but there was no indication of which week we were on nor were there any pictorial menus on show.

Summary of findings

Two activities co-ordinators were employed and care staff saw it as part of their role to engage people with appropriate activities. Time was set aside for people who chose not to engage in group activities to ensure they received one to one time with staff members.

People and their visitors said they knew how to complain but had no reason to do so. Both past and present compliments letters and thank you cards were on display throughout the service.

Resident and relatives meetings were arranged regularly which gave people the opportunity to provide any feedback or share ideas. This was in addition to an annual survey which was sent to people, staff, relatives and professionals.

The new manager had an action plan in place. They had used feedback from several sources as well as their own observations and findings to develop the plan. They had an open door policy and we often saw people and their relatives popping into the office.

The manager was keen to include people, relatives and staff in suggesting and improvements to the quality of the service and they told us they were hoping to introduce a 'relative and resident committee' to be involved in quality assurance, recruitment and event planning.

You can see what action we have told the provider to take at the back of the full version of the report.

Summary of findings

The five questions we ask about services and what we found

We always ask the following five questions of services.

Is the service safe?

The service was not always safe. Medicines were administered safely but we found no evidence of medicine competencies. Medicine protocols, care plans and risk assessments were not fully completed but the manager was addressing this via their action plan.

People told us they felt safe and staff were able to describe safeguarding and whistleblowing procedures.

A dependency tool was used to assess staffing levels and we saw that the number of staff on duty were more than that suggested by the staffing tool

Recruitment procedures were robust and nurse registrations were regularly monitored.

Requires Improvement



Is the service effective?

The service was not always effective. The principles of the Mental Capacity Act (2005) were not always followed which meant people may have been unlawfully deprived of their liberty.

Staff had not received the appropriate level of training, supervision and appraisal for their competencies to be assessed however the new manager had identified this via an action plan.

People told us they enjoyed the food and we saw that referrals had been made to specialists when people's assessed needs had changed.

Requires Improvement



Is the service caring?

The service was caring. People told us they were well cared for and we observed staff being very responsive to people's needs.

Staff were proactive in ensuring people in their rooms were all right to the point that we did not hear any call bells being alerted during the inspection.

People's privacy and dignity were respected with staff knocking on doors before entering them and asking people if they needed anything before offering care.

Good



Is the service responsive?

The service was not always responsive. Care plans had not been routinely updated to reflect changes in people's needs following assessment by health care professionals.

There were a range of activities available for people to choose from and staff were responsive to people's requests to play games or reminisce.

A complaints procedure was in place and people and their visitors told us they knew how to complain but had no reason to do so.

Requires Improvement



Summary of findings

Is the service well-led?

The service was well led. The manager had been in post for three weeks at the time of the inspection but already had an action plan in place to improve the quality of the service provided.

A range of audits were in place and these were being used to inform the development of one single action plan so all improvements were recorded in one place.

The manager had an active presence in the service and people, visitors and staff all felt they were approachable, supportive and one person said, “They are a good manager.”

Good



Lansbury Court Nursing 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.

The inspection took place on 15 and 16 June 2015. Day one of the inspection was unannounced.

The inspection team was made up of two adult social care inspectors 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. Their area of expertise was dementia care.

Before the inspection we reviewed the information we held about the service. This included the notifications we had received from the provider. Notifications are changes, events or incidents the provider is legally required to let us

know about. We also contacted the local authority commissioners of the service; the local authority safeguarding team; healthwatch and the local nutrition and dietetics service.

During the inspection we spoke with 11 people who lived at Lansbury Court Nursing Home. We also spoke with 10 visitors. We spoke with 13 members of staff, including care staff, activities coordinator's, senior care staff, a nurse, maintenance and the administrative manager. We also spoke with the manager and deputy manager/clinical lead.

We used a Short Observation Framework for Inspection (SOFI). SOFI is a way of observing care to help us understand the experience of people who could not talk to us.

We looked at seven people's care records and seven people's medicines records. We reviewed four staff files including recruitment processes. We reviewed the supervision and training reports as well as records relating to the management of the service.

We looked around the building and spent time in the communal areas.

Is the service safe?

Our findings

Everyone we spoke with said they felt Lansbury Court was a safe place to live. Visitors were very positive about the safety aspect of the service. One visitor said, “My [relative] has been here for 10 years so if it was not a nice place I would have moved them out.” One person told us, “This place is great, the staff are so nice and happy and my room is warm. Yes, I feel safe.”

A safeguarding file was in place which included policies and procedures. The current safeguarding log recorded the issue and status of the investigation. A new system was being introduced which included the reason for the referral, the outcome and the date it was closed. Sunderland safeguarding adults referral forms were completed which included the action taken and the outcome. The manager said, “I’ll be linking the safeguarding log to the CQC notifications log.”

Staff were able to tell us about safeguarding and whistleblowing although we did not see any information on this around the home. A senior staff member said, “Safeguarding’s about protecting the person and meeting their needs. Providing the correct facilities. Reporting it if people’s needs aren’t being completed. I’ve never had to do it but I would.”

People’s personal finances were stored in a secure safe in a locked room which only the manager and administrator had access to. All transactions were recorded, double signed and checked weekly. A monthly reconciliation record was completed for audit purposes. The administrator told us that some people were subject to financial protection through the court of protection so records were available for external audit. The court of protection can be appointed to make financial decisions on someone’s behalf if they have been assessed as lacking the capacity to do so themselves. We did not see evidence of a risk assessment for the storage, recording and management of people’s personal monies. However it was on the manager’s action plan that this would be in place by the end of July.

Specific risk assessments for moving and handling and falls were completed and reassessments happened on a monthly basis. One person had a moving and handling checklist but this was not dated so we were unsure how

current the assessment was. It stated that two staff were needed to support the person and they should use slide sheets and a hoist and sling. There were specific instructions with regard to how to use the sling.

Other risks were assessed using the care plan documentation which included a section titled area of need/risk. We saw that risks were identified and managed through the interventions recorded on the care plan. Care plans were evaluated on a monthly basis however we found that changes to people’s needs were not always reflected in the care plan.

Falls logs were in place. One person’s log showed they had had six falls between February and June 2015 but another record logged 10 falls in the last year. We only saw five accident records had been completed. We spoke to the manager who had the missing records in their office. Copies were immediately placed in the person’s file. The manager showed us an analysis of accidents and incidents and explained this was completed so they could identify any triggers.

Personal emergency evacuation plans were in place in people’s care records and also in a red emergency file located near the main entrance/exit to the service. The folder included the policy and procedure for fire safety, the evacuation procedure and a copy of the floor plan separated into zones. An emergency contingency plan included contact numbers; evacuation and return procedures; accommodation details, mains utility points and emergency transport arrangements.

An emergency evacuation register was used which included details about each person such as their room number, risk level, equipment used and the number of staff needed for a progressive horizontal evacuation. There were individual copies for the emergency services.

A fire safety record book included information on the servicing of all firefighting equipment, emergency lighting, and fire doors. The maintenance person said, “We have just had the extinguishers and emergency lights done. They did a three hour check and replaced some of the lighting.” There was a designated fire officer and staff could describe the evacuation procedure.

Lifting operations lifting equipment regulations 1998 (LOLER) services were completed annually for the hoists, a five year electrical condition report was in place as was a deep clean certificate.

Is the service safe?

A maintenance book was used and the maintenance person said, "I check it each morning for jobs to do. We have outside contractors for main plumbing and electrics and PAT testing. I do a visual check on electrics and put a visual sticker on items." We saw that the provider was proactive in dealing with emergencies such as addressing a blocked drain, which prompted them to draw a map of the full drainage system of the service for future reference.

The smoking room and one of the bathrooms on the Lansbury Wing were being used as store rooms but remained accessible for people and visitors. The manager said, "I know, we are waiting for wheelchair services to pick things up." We explained the health and safety risk to people and visitors to which the manager agreed saying the items would be stored securely.

A servery area in Castle Dene House which was used to prepare drinks for people, visitors and staff was not very hygienic. In the lounge on top of a radiator cover there were eight medicine pots. These had been washed, turned upside down and left to dry however the radiator cover was not clean and this was regarded as being unhygienic. We informed the manager about this who said they would add it to their list.

There were plenty of staff on duty and there was always at least two staff in a lounge at any one time. One member of staff said, "We always work in pairs so we can always meet people's needs and don't have to look for another member of staff."

A computerised dependency tool was used. The manager inputted the staff rota and the level of need for each person for eleven areas such as transfers, pressure care and so forth and the system generated the staffing level needed. We saw that the current staffing level were above that generated by dependency tool.

The manager said, "We use an agency when we are short staffed. We are lucky to have the same faces coming in. We have a couple of regular bank nurses." We asked what checks were completed with agency staff. The manager said, "Staff are asked to provide documentation for DBS and training. If agency or bank staff are here regularly they'd get supervisions too." We saw a file for agency staff which included their profiles and information on previous experience, training and in the case of nurses their NMC registration. A handover/induction document was used

which included general information on the service and what to do in relation to safeguarding, medicine management, appointments, emergencies and incidents. There was also information on the fire procedure.

Nurse registrations were checked at the point of being offered employment and the manager showed us a log which identified that they were checked again on a quarterly basis. Pre-employment checks also included a full employment history, two references and an enhanced DBS check.

We observed a medicine administration round on the nursing wing. The medicine trolleys were stored securely and the nurse prepared by wearing a do not disturb tabard and washing their hands. The biodose system was used which means the pharmacist provides routinely prescribed medicines in sealed pods for each administration.

We saw that some bottled medicine had an opened date recorded on it, but this was not the case for all bottled medicine. The nurse did not comment on this.

One person had a 'warfarin medicine instruction' sheet which was dated 12 January 2015. There was a standard note on the sheet stating, 'valid for one month only'. There was no evidence that this document had been reviewed and updated on a monthly basis. Another person had a warfarin medicine instruction sheet which was undated. We saw they had a medicine guidance sheet that recorded on 30 March 2015 warfarin had been stopped. This meant there was out of date information in the person's medicine records. The manager said they would address it.

The nurse asked people if they needed their 'as and when required' medicines and recorded this on the MAR. Not everyone had a protocol in place for 'as and when required' medicines. Nor did we see evidence of care plans or risk assessments for the management and administration of their routine medicines.

A medicine audit had been completed in June 2015 which identified that 'as and when required' medicine protocols needed to be put in place as did care plans and risk assessments. This had been added to the manager's action plan to be completed by the end of July. The manager said, "Everyone needs to have a medicine care plan. They need to be personalised or how do we know how to administer their medicine." The audit had not identified the issues with the warfarin medicine instruction sheets or medicine bottles not having a when opened date recorded on them.

Is the service safe?

Each person had a medicine profile which contained their photograph, pharmacist details, GP details and a list of any known allergies. They also had a document provided by the pharmacist which included their prescribed medicine, a photo of the tablet, the dosage, and administration time.

Is the service effective?

Our findings

The Care Quality Commission (CQC) is required by law to monitor the operation of the Mental Capacity Act 2005 (MCA) and Deprivation of Liberty Safeguards (DoLS), and to report on what we find. One staff member told us, “Mental capacity is about different levels of understanding; we need to protect people from things that can be harmful or dangerous.” They added, “People aren’t able to provide the basic necessities for themselves so we need to protect them.”

Pre-admission mental capacity act assessments were completed which identified whether the person was able to retain information, weigh up the information, and communicate an answer. If the person had been assessed as not able to do these things the form directed that the person did not have capacity in relation to that issue at that time and a DoLS referral was needed. This form did not specify the nature of the decision the person was being asked to make and therefore contravened the principles of the Mental Capacity Act (2005).

One person had an urgent DoLS in place for continuous monitoring including a risk of weight loss and injury if not cared for in bed. The urgent authorisation expired on 22 May 2015. We saw no evidence of an extension or a standard authorisation. We asked the manager about this who said they would address it straight away which they did.

Several people had been assessed as needing a profiling bed with bed rails. For one person a bed rail risk assessment was in place which assessed the person as not likely to fall from their bed; that the person and the care manager or GP had been consulted but there was no outcome of the risk assessment recorded and it had not been signed by a manager. This person also had a mental capacity pre admission document which stated that they did not have capacity. We saw no evidence of a best interest decision in relation to the use of bed rails. We asked the manager why bed rails were needed if the person had been assessed as not likely to fall. The manager said they would look into this.

We saw another person used a hoist and sling if they were unable to stand. It had been recorded that this had been discussed with the nurse and the person’s next of kin. We also saw that this person had bed rails in place. There was

no record of the person being involved in this decision or of a mental capacity assessment or best interest decision being recorded. This could amount to a restriction under deprivation of liberty safeguards. We asked the nurse about occupational therapy assessments for the use of specialised equipment, they said, “Bed rails aren’t referred. There’s an assessment on admission to see if they are needed or people may have used them before they were admitted. We complete a risk assessment.” They added, “The night staff often suggest if they are needed if it hasn’t been suggested on admission.” This could be considered as a breach of people’s human rights as without relevant best interest decisions bed rails may form a restriction to people’s liberty.

This is a breach of regulation 11 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

We viewed the training log and noted that 34 staff out of 51 had either not attended safeguarding training or it was out of date. Not all staff had current training in mental capacity and deprivation of liberty safeguards, moving and handling, bed rails, dementia care and so on. It had been identified in the manager’s action plan that not all staff had the relevant training but this was deemed to be ongoing. There was no specific deadline for completion. We asked the manager about a training plan. They said, “There’s no training plan as such. There’s a lot of eLearning and I have it on the agenda to discuss at the next team meeting, especially medicines and infection control. I’m leaving a note for the deputy to book manual handling training.”

The service had its own moving and handling facilitator who completed practical training on a face to face situation as well as staff completing theory training via eLearning. The facilitator told us they observed staff and did competency checks offering support to staff were needed. We did not see any evidence of competency checks for any staff for moving and handling.

We did not see any evidence of medicine administration competencies in staff files. The training log showed that only two of five nurses had in date medicine competencies and none of the nurses had completed safe administration of medicine training. We asked about clinical supervision for nursing staff and were told that the deputy manager, who was also the clinical lead would be completing this alongside other nurse competencies. The manager explained that a nurse manager would be completing the deputy manager’s competencies and once they had been

Is the service effective?

assessed as competent they would do all the clinical competencies with nursing staff. We saw no evidence of how this had been managed prior to the manager and clinical lead coming into post.

A supervision matrix was in place and identified that the majority of staff had had supervision in March 2015 but we saw no evidence of any supervisions prior to that point. We asked the manager who said, "I have a separate file with them in. I've done the unit manager and senior carer in the dementia unit and have delegated function to them to do the rest of the unit by next week. The ones I have done so far have generally been introductory but I've also checked attendance and training." We asked if staff who had this responsibility had been trained to conduct supervisions. We were told, "I think the company does e-learning for supervisors."

We saw no evidence that staff had received an annual appraisal. The manager said, "There's no appraisal plan yet. It may be that [deputy manager] is better placed to do them this time around." Supervisions and appraisals are used as a way to continually monitor staff performance, to offer feedback on practice and to provide support and development opportunities for staff.

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

One staff member said, "I've been here twelve years, I'm really happy here. We are well supported, we have a new manager who seems like a good leader." A senior care staff member said, "We have good relationships with the nursing staff and the external staff so if there are any small issues they get talked about and addressed early on." Another staff member said, "We are well supported, day to day and formally in supervision. We know each other well."

There was an induction plan in place which included documentation, accidents, people, clinical knowledge, first aid, fire, complaints, interpersonal skills, personal hygiene, nutrition, infection control, moving and handling, end of life and emergency procedures. The manager explained that the care certificate had been added to the on-line induction programme. The Care Certificate is an identified set of standards that health and social care workers adhere to in their daily working life; it explicitly identifies the learning outcomes, competences and standards of care that are expected.

People told us the meals were good with plenty to eat and we saw that meals well presented, were hot and had been freshly prepared. People in the Lansbury dining room were all offered the same meal which had been chosen earlier in the day; it was noted that no one was asked if they had changed their minds and would like the alternative meal. It was also noted that no one was asked if they would like anything more to eat. One person did say they had enjoyed their lunch adding, "I need to have a little sleep now."

There was a four week menu on a noticeboard in the nursing wing but there was no indication of which week it was nor did we see any evidence of a pictorial menu.

Care plans were in place for people's nutritional needs, including people who may be at risk of malnutrition and dehydration however these were not always up to date. Referrals had been made to speech and language therapy teams (SALT) and dietitians for people who were assessed as being at risk. Drinks and biscuits/cake were provided mid-morning and afternoon but drinks were available at any time and staff were seen to be asking people if they would like a drink.

We saw documentation in relation to access to dietitians, SALT, the falls team and general practitioners. The clinical lead on the nursing wing explained that they were the lead for referrals to external health care professionals, such as continence care and the falls team. They explained that each person was weighed monthly and malnutrition universal screening tool (MUST) scores calculated monthly. MUST is a screening tool used to identify if people are at risk of malnutrition or obesity. This information was monitored and used to assess if a referral to the dietitian was needed.

The clinical lead explained that they assessed pressure damage to the skin and were responsible for the nursing, recording and reporting of any skin damage as well as referring to the tissue viability nurse if needed.

The service was in need of redecoration with some areas looking tired. This had been noted by the manager and they said they had a list of action needed, however we saw no evidence of maintenance on the manager's action plan.

Castle Dene House which was the wing for people living with dementia had hand rails which were different colours

Is the service effective?

from the walls and doors so it was easier for people to recognise them. People's doors had their names on them and photographs of each person so were personalised for that person.

Is the service caring?

Our findings

All the people and visitors we spoke with said they were happy with the care they received and the care staff were nice and helpful. One person said, "It's lovely here, staff are lovely, I love it!" One person who had been staying at the service for respite care said, "The staff have been very nice to me. I will be coming back in two weeks because my [relative] isn't able to support me but I do not mind as it is nice here".

We observed good interaction between staff and people which created a welcoming, happy and relaxed atmosphere. People were relaxed with the staff and seen to be laughing and smiling, chatting away to staff and their visitors.

Throughout the inspection we saw care staff were spending quality time with people. Conversations ranged from day to day matters as well supporting people with specific care needs in a dignified and respectful manner. One member of staff did say, "We could do with more staff so we can then spend more time with people and go out with people more." We did not observe staff rushing from person to person to provide support and saw that staff were actively spending their time with people engaging and interacting in a positive and person centred manner.

We observed staff asked permission before supporting people, such as moving them or offering support with personal care needs. Staff were conscious of maintaining people's privacy and dignity and respected people's space by knocking on doors prior to entering a room. Staff were very responsive to requests from people to be taken to the toilet, to be given a drink or to be taken to their room.

During the inspection we did not hear any nurse call bells ringing. We checked that people who were spending time in their rooms had a call bell within reach and they did. We spoke with care staff about this and one staff member said, "We try to check people regularly when passing and this prevents them having to use their call bell". People confirmed that this did happen and they were regularly asked if they were alright or if they needed anything.

The people we spoke with were very complimentary about care staff with one person saying, "The girls are lovely and I can talk to them about anything."

One visitor said, "I can raise something with staff and it is sorted straight away and I have never had to complain." Another visitor said, "My [relative] has been in here for a long time and is now gradually deteriorating but I know they are well looked after so I am comfortable with things."

One staff member said, "We know all the residents, we know people's needs and spend time with people." They added, "We know people's communication needs as well. The noise that a person's making might mean something completely different to you but I know what it means." The staff member explained that when one person gets up from their chair to go for lunch they make a specific noise. Staff understood this to be the persons way of communicating they were ready to have lunch.

Another staff member said, "We have good relationships with family. We work with relatives and families to reassure them and provide them with information." Visitors told me they could visit when they wished and were always made welcome.

After lunch we saw that people were offered individual hand wipes so they could freshen up at the table if they chose to do so.

Two staff in Castle Dene House were trained dementia champions. There were also champions for falls, continence care, wound care, infection control and end of life care.

The service had a welcoming atmosphere and people often sat near the entrance to the service watching what was happening and chatting with staff as they passed. The service was clean and tidy with no unpleasant smells. People were very comfortable talking to different members of staff.

Is the service responsive?

Our findings

We found that care plans and records relating to people's care had not always been kept up to date.

We saw that it was recorded that one person had a grade II pressure sore on their left hip and a grade I pressure sore on both heels. A body map had been completed as had a pressure area assessment which rated the person as very high risk. The care plan stated the person needed a positional change every two hours, and at this change staff were to check that the mattress was fully inflated. It was documented on the care plan that a dressing had been applied to the left hip and was to remain in place for five to seven days. We saw no evidence in the care records that the dressing had been changed. We spoke to the manager about this who asked the clinical lead to look into it. On day two of the inspection the clinical lead said, "[person] came out of hospital with the pressure damage and are still vulnerable although it is almost healed. The care plan is in place and the dressing was changed but it wasn't documented."

Nutrition care plans were in place and recorded risks, aims and interventions which included referrals to speech and language therapy (SALT) and the dietitian. One person's care records included a letter from the SALT team advising on a thick pureed diet which was to be offered to the person from a teaspoon. Fluids were to be stage 1 thickened and offered from a spouted beaker. We saw that the nutrition care plan had been evaluated regularly but the care plan had not been re-written to include the update to their needs and the advice from the SALT team. This meant the care plan did not meet the persons current care needs.

Another person had a nutrition care plan dated 20 March 2014 which stated they had been prescribed fortified fluids from the hospital but it was recorded that the person didn't like them. An oral nutrition care plan review had taken place on 8 August 2014 which stated to stop the fortified drinks and increase their powdered food fortifier. Further evaluations had taken place as the person was refusing to eat their meals when they contained the fortified powder. The outcome was that the dietitian had advised staff to stop using the fortified powder and to offer the persons favourite meals and fortify their drinks. The care plan had been evaluated on a monthly basis but unless staff read all the evaluation notes they would not know that this person

was to be offered favourite foods and fortified drinks as the care plan still stated that they were prescribed calogen and fortisip. This meant the person was at risk of not having their needs appropriately met.

We spoke to the manager about the care plans and they said, "I think care plans are well written and person centred just not up to date." They added, "Care plans should identify and tell staff what the person needs." The manager's action plan had identified care plans as an area in need of improvement but it had an ongoing deadline.

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

We saw that the care plans mentioned above had been re-written by day two of the inspection.

People and their visitors felt individual needs were being met by the service. One visitor said, "They know what my mother needs and I can tell she is well looked after. She is very settled here and is always clean and tidy." One person said, "Staff know what I like and they do make me comfortable. I can have a bath when I like and they respect my privacy. I sometimes like it quiet and they know and leave me in my room."

One senior staff member said, "We know people well, we evaluate all the care plans monthly unless there's a change in someone's condition. We generally work on the same wing so we get to know people but we are flexible if needed."

There was an established staff team who had been working in the service for a number of years and were able to talk to us about people's individual needs, who visited them, their usual routine and so on. One member of staff said, "We have to read the notes on each person who comes in so we know what their needs are and likes and dislikes."

Care records included profiles of the person which had a photograph and brief information on what was important to the person such as 'to feel safe and secure at all times, and how best to support the person, such as 'Ask how we can best achieve it [to be safe and secure].'

People who lived in Castle Dene House had care records which included a document titled, 'This is my life. The life and times of [name of person]'. This included their life history such as their family tree, their early years, their family and friends and special childhood memories. There were also social profiles which included religious and

Is the service responsive?

spiritual beliefs, work, activities, and significant people in their lives and significant events in their lives. In the Lansbury Wing which was the nursing wing we saw that people had social profiles but the information was not as person centred as those on the Castle Dene House Wing.

There were two activities co-ordinators in post who worked Monday to Friday and we saw that they had a varied programme arranged. During the inspection people chose not to have the arranged baking session preferring to play games and have a reminiscence session. We observed staff in Castle Dene House engaging in a reminiscence therapy session with people using photographs of old Sunderland which was creating much discussion and interaction. People told us that they sometimes go for a short walk to the local shops or to the community centre next door. A few people attended the local community centre once a week for bingo and tea/coffee which also enabled people to mix with the local community.

Time was set aside for people to enjoy activities on a one to one basis. We were told this usually consisted of spending time chatting with people whilst engaging in a pamper session. There was also a hairdresser that visited the service once a week.

People and their visitors told us they knew how to complain but had no reason to do so. A complaints log was in place and included a brief outline of the complaint and the outcome and the date closed. We saw only one complaint had been recorded and the log did not contain any information about the outcome or date the complaint was closed. There was an accompanying complaint record which detailed the findings of the investigation and the action taken but it didn't record whether the complaint had been resolved or not.

Resident and relative meetings were held quarterly and we saw that people had attended with some visitors. Minutes of the meetings were on display for anyone to read. We saw that one relative had raised that areas of the service were looking "tired". This had been raised with senior managers and had been added to the manager's action plan. Agenda items included a home update, activities, fundraising, surveys and an invite for people and their relatives to be included in recruitment processes.

Is the service well-led?

Our findings

The new manager had been in post for three weeks at the time of the inspection but people and visitors said they were visible around the home and spoke to people. One staff member said, “The manager is good, they always ask how people are and come over morning and night. They look at the paperwork and spend time here.” Another staff member who worked in Castle Dene House said, “It’s a lovely unit, all the care staff get on, we all know what each other are doing without having to say it.”

Only one visitor we spoke with were able to recall being asked their view on care in the home. However everyone we spoke with felt they could raise issues with staff at any time.

We saw that there had been a diarrhoea and vomiting outbreak in March 2015 which had been reported to public health England as the service was closed to visitors and new admissions. CQC had not received the appropriate notification in relation to this disruption to service provision. We asked the current manager about their responsibilities in relation to being a registered manager and they understood what this involved. They said, “I would notify of any safeguarding or infection outbreaks, absolutely. Anything that affected the service and the people.”

A staff meeting was being held on the second day of the inspection which was the first meeting chaired by the new manager. A meeting had been held in May 2015 which included discussions on confidentiality and the use of social media. A reminder for key workers to evaluate care plans, personal care and clothing care had been discussed as well as cleaning, the rota, night time medicine administration and activities. There was also scope for staff to raise any other business.

The earlier meeting held in February included feedback from the clinical commissioning group audit visits, care documentation, training, kitchen and menus, infection control and activities.

The manager told us, “I don’t like to force change on people, if I identify an area for improvement I discuss it at the staff meeting and ask for people’s ideas. If people are involved they are more likely to take it on board and want to make the change.” They added, “I’d like to introduce a resident and relative committee which could be involved in

audits in the kitchen and infection control and in communal areas but not with anything confidential. They could also get involved in interviews and helping with events.”

A range of surveys had been completed, which included the people living at Lansbury Court, a relative’s survey, a professional’s survey and a staff survey. These had all been completed in 2015. People were generally happy with the physical environment although some people had noted that they were not able to use the phone in private and four people had said they couldn’t choose when to have a bath. One external professional had made a comment in relation to ‘the use of cot sides when not assessed.’ Relatives comments included that people were ‘thriving’ and the ‘staff are great.’ We asked whether an action plan was in place to address the findings of the surveys. The manager said, “Yes, I keep everything on the one action plan then it’s all in the same place.” The manager gave us a copy of this plan and we saw that actions had been identified in response to the survey; these were due to be completed by the end of June.

The action plan included addressing inconsistencies in care files and records relating to people’s care and treatment. As well as issues relating to training and supervision and appraisal of staff. The action plan did record some timescales and expected completion dates but many of the actions were ongoing.

We asked the manager about how they were being supported in their new role. They said, “I’ve had visits from colleagues and managers and have a mentor. [The administrator] is supporting with systems and procedures which is really helpful. I’ve had some training on the computer system and there’s more to come. The senior manager completed a provider visit and that’s being used as a sort of handover.”

A range of audits were in place. We saw a health and safety audit had been completed in January 2014 which included policies, records, risk assessments, health and safety training, clinical waste and so on. This recorded actions that needed to be taken and who by together with a target date but we did not see any recorded evidence of when the actions had been completed.

Catering and infection control audits had been completed on a monthly basis. There were no actions recorded as being required and scores were in the high 90’s.

Is the service well-led?

The manager had identified that there were some key challenges involved in being the new manager. These being change implementation and increasing the number of people living at Lansbury Court. They added, “The environment needs an uplift; I did a walk round with maintenance and we discussed areas that need attention so we have a list.” They added, “The landlords have looked at the bigger maintenance issues that need to be done from the capital budget.”

Unannounced provider visits were completed regularly and looked at staffing levels and the use of agency staff. Discussions were held with people and the staff as well as a review of any meetings that had been held. Clinical governance was looked at such as weight loss, pressure

ulcers and admission to hospitals. Accident analysis and care plan files were audited as were medicines, training, activities and catering. The actions recorded from the last site visit included that surveys needed to be sent to people; maintenance issues needed to be documented; staff supervisions and a staff meeting needed to be completed and care files needed to be rewritten and tidied. All actions had a time frame for completion and the title of the person responsible.

Paper versions of all policies were available in the administrator’s office. They explained that the office was locked overnight and at weekends but staff could access policies at any time through their online portal/eLearning website.

This section is primarily information for the provider

Action we have told the provider to take

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

Regulated activity	Regulation
Accommodation for persons who require nursing or personal care Diagnostic and screening procedures Treatment of disease, disorder or injury	Regulation 11 HSCA (RA) Regulations 2014 Need for consent Regulation 11 HSCA 2008 (Regulated Activities) Regulations 2014 Need for consent. Staff were not always acting in accordance with the requirements of the Mental Capacity Act (2005) and associated code of practice.

Regulated activity	Regulation
Accommodation and nursing or personal care in the further education sector Diagnostic and screening procedures Treatment of disease, disorder or injury	Regulation 18 HSCA (RA) Regulations 2014 Staffing Regulation 18 HSCA 2008 (Regulated Activities) Regulations 2014 Staffing. The provider had not ensured staff had received appropriate support, training, supervision and appraisal to enable them to carry out their duties.

Regulated activity	Regulation
Accommodation and nursing or personal care in the further education sector Diagnostic and screening procedures Treatment of disease, disorder or injury	Regulation 17 HSCA (RA) Regulations 2014 Good governance Regulation 17 HSCA 2008 (Regulated Activities) Regulations 2014 Good Governance. There was not always an accurate, complete and contemporaneous record of care and treatment provided to people.