

Lazyday Investments Limited

# Sloe Hill Residential Home

## Inspection report

Sloe Hill  
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14 October 2016

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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?

Good 

Is the service well-led?

Requires Improvement 

# Summary of findings

## Overall summary

This inspection was carried out on 11 and 14 October 2016 and was unannounced. At their last inspection on 10 November 2015, although they were found to be meeting all the standards we inspected, we found there were areas that required improvement. This was in relation to the management systems in the home and medicine records. We found at this inspection that they had not made the required improvements. At this inspection we found breaches in relation to safeguarding people from abuse, consent, management systems and staffing. We also found breaches in relation to the registration requirements.

Sloe Hill is registered to provide accommodation for up to 28 people. The home provides support with personal care for older people, some of whom live with dementia. At the time of the inspection there were 24 people living there.

The service had a manager 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 and associated Regulations about how the service is run.

People told us they felt safe. People's medicines were administered as prescribed but records and systems required improvement. Accidents and incidents were not analysed to help identify themes and trends. We also found if a person sustained an unexplained bruise or skin tear, these were not investigated or reported. In addition, staff knowledge in regards to safeguarding people from abuse needed development. We also found that some of the principles of MCA and DoLS were not followed.

The systems in place to monitor the quality of the service and address any shortfalls was not consistently effective and staff did not feel listened to. We also found that they had not displayed the awarded rating accurately on their website and it was not displayed in the service in accordance with the rating they had been given. However, people and their relatives were positive about the service and the management team.

People told us they were supported by enough staff who were knowledgeable, but they were busy. However, this needed to be reviewed using an appropriate dependency tool. Staff told us that they felt staffing at the service was an issue. They also felt they did not receive enough training. The appropriate recruitment checks were carried out.

People had a healthy and balanced diet and there was regular access to healthcare professionals. People and relatives told us staff were kind and that they were involved in the planning of their care. Although we found staff were discreet and respectful, care plans were not always held securely.

People received care that met their needs and had care plans in place. There were activities and outings available that people enjoyed. Complaints were investigated but the process needed further development to ensure all feedback to complainants was captured.

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

We always ask the following five questions of services.

### Is the service safe?

**Requires Improvement** ●

The service was not consistently safe.

People's medicines were administered as prescribed but records and systems needed improvement.

Accidents and incidents were not analysed to help identify themes and trends.

If a person sustained an unexplained bruise or skin tear, these were not investigated or reported.

Staff knowledge in regards to safeguarding people from abuse needed development.

People were supported by enough staff. However, this needed to be reviewed using an appropriate dependency tool.

Recruitment checks were carried out.

### Is the service effective?

**Requires Improvement** ●

The service was not consistently effective.

Staff were not robustly trained and did not always feel supported.

Some of the principles of MCA and DoLS were not followed.

People had a healthy and balanced diet.

There was regular access to healthcare professionals.

### Is the service caring?

**Good** ●

The service was caring.

People and relatives told us staff were kind.

People and their relatives were involved in planning their care.

Although staff were discreet, care plans were not always held

securely.

### Is the service responsive?

Good ●

The service was responsive.

People received care that met their needs and had care plans in place.

There were activities and outings available that people enjoyed.

Complaints were investigated but the process needed further development.

### Is the service well-led?

Requires Improvement ●

The service was not consistently well led.

The systems in place to monitor the quality of the service and address any shortfalls was not consistently effective.  
Staff did not feel listened to.

People and their relatives were positive about the service and the management team.

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

Before the inspection reviewed information we held about the service including statutory notifications. Statutory notifications include information about important events which the provider is required to send us.

The inspection was unannounced and carried out by two inspectors.

During the inspection we spoke with five people who used the services, two relatives, five staff members, the registered manager and the provider. We viewed information relating to four people's care and support. We also reviewed records relating to the management of the service.

# Is the service safe?

## Our findings

When we last inspected the service on 10 November 2015 we found that medicines records were not completed consistently and this was an area that required improvement. At this inspection we found that they had not made the necessary improvements and medicine records were still in need improvement.

Although we saw that quantities of medicines were accurate, temperatures were monitored and there was a staff signature record which all indicated people received their medicines as prescribed, we also found that there were areas that needed to be addressed. This included the medicines audit which did not address any discrepancies found or details what had been audited. Handwritten entries were not countersigned and there were no plans in place for medicines that were prescribed on an as needed basis. We also saw that there were no risk assessments or plans for medicines to be administered covertly. This means when medicine is given to a person without their knowledge to help ensure they take their medicines as prescribed. We saw that the medicines policy was issued in 2008 and had not been updated or reviewed to ensure it still complied with current guidance and legislation.

People had their individual risks assessed and there were plans in place to help reduce those risks. These were in relation to moving and handling, falls management and skin integrity. Records of falls were documented in people's care plans. However, there were no systems in place to analyse falls and incidents in the home. The registered manager told us that accident forms were completed then filed in people's plans. Although they ensured that action was taken, for example a sensor mat placed in a room for someone at high risk of falls, they did not have a system in place to provide an overview so that they may identify themes and trends.

Due to the insufficient monitoring of medicines and accident and incidents, this was a breach of Regulation 17 of the Health and Social Care Act (regulated activities) Regulations 2014.

People told us that they felt safe living at the service. One person said, "I feel safe here." Relatives also told us that they felt people were safe. We saw that there was a poster in relation to safeguarding people from abuse in the reception area. However, we found that staff had not all received training in relation to safeguarding and did not have the appropriate knowledge to confidentiality recognise abuse and to report outside of the service. One staff member said, "I had no [safeguarding people from abuse] training. If I suspect any abuse I would report it to the senior in charge or the manager even to CQC but I never had training to learn about signs and symptoms of abuse." Another staff member told us, "I don't know to report outside [the home] but I can talk to the directors and also healthcare [professionals]." We were told that any unexplained bruises or skin tears were recorded on a body map and filed in people's care plans and were not reported to the local authority's safeguarding team. One staff member said, "We only document bruising and sometimes ask GP or DN to look but we don't do anything else like report to safeguarding." Although we did not find any concerns in relation to abuse, this meant that there was a risk due to insufficient reporting systems and knowledge in this area.

This was a breach of Regulation 13 of the Health and Social Care Act (regulated activities) Regulations 2014.

People told us that they felt there were enough staff to meet their needs but staff were often busy. One person told us, "It is never enough staff wherever we go, but they [staff] seem to cope." Another person said although they did everything they needed, "They are rushing a lot." Relatives also told us that people had their needs met in a timely way. Although, one relative said that if anything needed more improvement it would be extra staff. We asked the registered manager how they calculated how many staff they needed and what dependency tool they used to indicate staffing levels. They told us, "I just amend it from my observations, I recently added an extra staff member 5pm to 8pm." They told us that the provider approves additional hours when needed. Staff told us that they felt the dependency of people had increased and more staff were needed. One staff member said, "Staff is not adjusted if the needs of the people change, we don't use dependency tools or anything." Another staff member said, "The people [needs] changed and it is higher but staffing is the same." A third staff member said, "People are well looked after and safe I think but we should have more time to spend with them." On the inspection we saw that people received care in a timely way and call bells were answered promptly.

People were recruited through a robust process. One staff member told us, "Before I started I had to wait until my CRB came and the manager received two references for me." We saw that staff files included an application form that checked for any gaps in employment, written references, criminal records checks and proof of identity. This helped to ensure that staff were working at the service were fit to work in a care setting.

## Is the service effective?

### Our findings

People and their relatives told us that the staff were good at what they did. One person said, "Staff seem to know what they are doing." A relative told us, "They're Brilliant."

Staff felt they needed additional training for their role. One staff member said, "Training is one area which lacks at present. We had manual handling from an external trainer recently and sometimes we have to go to [training provider] for training but not enough." Another staff member told us, "Staff here are not very well trained. A lot of new staff are mentored in the job by seniors and not had proper training." We viewed the training records and saw that training delivery was not consistently provided. For example, not everyone had received training in moving and handling, MCA and DoLS, medicines, safeguarding people from abuse and food hygiene. For others who had received training, this had not yet been refreshed to ensure staff knowledge was up to date. For example, fire safety.

We asked the registered manager if there were plans for further training. They told us, "Some training is booked, infection control." However, other key areas of training such as moving and handling, and safeguarding had not been booked. When new staff started work they received a day's induction about the home and shadowed experienced staff for the next two to three shifts. However, this meant that unqualified staff were training new staff which meant neither may have the appropriate skills to meet people's needs safely. One staff member told us, "I had an induction where I was introduced to the residents and staff. I have shadowed staff but had no other training. I learned how to use the equipment like hoist and other from staff and not had training yet." There were no competency assessments and although a staff member was an assessor for the Care Certificate (this is an induction that is carried out over a number of weeks), there were no workbooks to demonstrate the staff member's progress. The registered manager told us that this had not yet started as the trainer was still completing their training.

Staff received one to one supervision. However, staff told us that they did not always feel supported. One staff member said, "I had a supervision in the first week I started which was together with the staff I worked with [shadowing, competency]. Since then I am left to my own devices." Another staff member said, "I don't know what they are measuring my performance against, so I have no idea if they [managers] are happy with my work. I only had a quick chat with my manager where she signed off some bits and said I am doing fine." This meant that staff did not receive effective support, induction, supervision, appraisal or training to safely carry out their role.

This was a breach of Regulation 18 of the Health and Social Care Act (regulated activities) Regulations 2014.

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



service was working within the principles of the MCA, and whether any conditions on authorisations to deprive a person of their liberty were being met. We found that service was not always working in accordance with the MCA and DoLS guidance.

People were asked for their choices and consent was obtained prior to care or support being delivered. However, there was no record of consents being obtained in people's care plans. People had a plan in place for communication and mental health. These plans included if the person had capacity to make independent decisions. We also saw that where staff had stated people did not have capacity, then a DoLS application had been submitted in relation to the 'key coded front door', bed rails and receiving personal care. However, we found that some mental capacity assessments had not been completed and best interest decisions were not recorded. We saw that in 2014 a GP had signed a letter stating that two people, whose records we viewed, were able to have their medicines administered covertly. However, this had not been done through the best interest's process, in accordance with the MCA and had not been reviewed since being put into place. We asked the registered manager and deputy manager about this who told us these were not carried out.

This was a breach of Regulation 11 of the Health and Social Care Act (regulated activities) Regulations 2014.

People were supported to eat and drink and maintain a healthy diet. One person told us, "I was 5 and ½ stone when I moved in and staff weighed me weekly to make sure I was not losing weight. I am putting on weight slowly and now they do it monthly." We saw that people were asked by the chef what they would like for lunch and supper. People knew the chef by name so this indicated that they had this contact regularly. We asked the chef if they had a record of dietary needs and preferences that they followed. They told us, "No I know everyone, some diabetic diets, four people have a soft diet, you get to know what they like." We noted that people did get served food that they enjoyed not having a record of dietary needs available to kitchen staff meant there was a risk of an oversight and someone being given the wrong food. We also noted that there was no visual prompt at the home, for example a menu on the table or menu board, in regards to what food was on offer for people who were living with dementia.

Lunch looked and smelt appetising and portions varied depending who they were for. For example, some people ate more than others. We noted that those who needed assistance were supported first and then a second serving was made for people who could eat independently. People told us they enjoyed their food and we saw that they relaxed after lunch with a hot drink.

People who were at risk of not eating or drinking enough were on a food and fluid intake chart so what they consumed could be monitored. Regular weights were recorded and concerns reported to the appropriate healthcare professional.

People had regular access to healthcare and social care professionals. On the day of our inspection we saw a district nurse and a hairdresser visit the home. Records showed that GPs attended as needs and there were referrals to other resources that could provide support. One relative told us, "Even though [person] is in bed, they didn't forget about [them]. They encouraged me to make a referral to get a wheelchair and now [person] is able to get out of [their] room more, on [their] terms, when [person] is feeling up to it."

## Is the service caring?

### Our findings

People and their relatives were very positive about the kindness of staff. One person told us, "I like it here. Staff are very nice." Another person said, "I cannot fault the staff here, they go out of their way to keep you happy." One relative told us, "Staff are very good, always cheerful, and I'm always welcomed. It feels like my [relatives] home."

Staff showed genuine care for people they supported. One staff member said, "This is a nice friendly home and staff really cares and worries for people." We saw that staff were patient and attentive throughout our inspection. Staff joked with people and asked them how they were. After they returned from an outing, staff asked them how it was. We noted that staff knew people's preferences and family routines. For example, one person who had only been at the home a short while, was asking about their family member. Each staff member who spoke with them gave them the same response and we found this to be accurate. Most of the staff had been there for a number of years and thus helped them build effective and beneficial relationships with people.

People and their relatives gave mixed views about how involved in the actual care plan they had been and if they had seen their care plan. One person said, "I don't know about my care plan, I suppose they [staff] have some information about me here, I don't really know." However, everyone told us that staff had asked them about their preferences, likes and dislikes, and choices when they moved into the home. One relative told us, "[Person likes a cooked breakfast so they introduced it twice a week when [they] moved in. I've been and seen a few of them having it. I felt like they listened and took it on board." Another relative told us, "I'm involved in the plan and they ask me to sign it."

People were treated with dignity and respect, and for the most part, privacy was respected. However, we noted that many people who spent long periods of time in bed had their bedroom doors open. Staff told us that this was to help them with their checks and monitoring and not necessarily in accordance with their preferences. One staff member said, "Bed bound residents have their doors open because they cannot use their bell and we are checking on them constantly." This was an area that required reviewing to ensure that people's choices and preferences were reflected in staff practice.

Although staff were discreet and put records away when they were finished with, we saw that the care plan cupboard was unlocked, and at times open, throughout the inspection, even though it had a sticker stating 'keep locked'. One staff member said, "The care plan cupboard is always open for staff to access care plans but we don't really have time to deal with paperwork."

## Is the service responsive?

### Our findings

People told us they received care that met their needs. One person said, "I have got better since I came here and now I only need help from staff with [some elements of personal care]." Another person said, "They look after me well." Relatives also felt that people's needs were met. One relative said, "The change in [person] after moving in was great, everyone was so supportive. They couldn't do better for [relative]."

People had care plans that detailed the support they needed. Plans in place covered moving and handling, communication, nutrition and personal care. These were detailed and provided staff with guidance on how to provide the appropriate support. Staff told us they did not always have time to read care plans so got to know people by supporting them. We noted that there was a handover in place for each shift. However, this was not formalised and did not mention all people so there was a potential risk of information being missed as staff did not read care plans.

People had a range of activities available and regular opportunities to go out. However, some people said that they would like social groups of people to be organised, particularly over lunchtime, to encourage more relationships and conversation. One person said, "It is difficult with the activities because there are only three people who come out of their rooms and we can have a conversation or do something and this really makes the days long. It is not staff's fault, it really isn't they try hard to encourage all of us to come together, but some people prefer to stay in their own rooms."

People told us that they enjoyed the activities and outings on offer. One person said, "I can go out and I do regularly. I use the garden a lot it is very nice." Another person told us, "We go on day trips, like today, to garden centres and I like my puzzles." We saw that they were events, activities and outings displayed around the home for daily activities such as quizzes and going to the garden centre. However, no one was able to tell us how the activities on offer supported people's individual hobbies and interests they had and there were limited activities on offer for people who spent time in their room. One relative told us, however, that their relative enjoyed motorsports and staff put these programmes on the TV for them.

People and their relatives told us that if they had a complaint they would raise it with the deputy manager, registered manager or the provider. One person said, "[Registered manager] is around and comes to see me and the owners are lovely and really like family, so I can discuss anything with them [concerns]." A relative told us, "If I say something they listen and act on it." We saw that there were resident's meetings and an annual survey to help gain people's views and experiences. There was a complaints policy displayed in the reception area. However this was outdated and did not include additional ways to raise a concern, such as the local government ombudsman. We saw that the registered manager addressed concerns informally, however, they were not followed up with a recorded process. For example, complaints were logged, with an account of action taken to investigate and address, but there were no records of correspondence to the complainant to help ensure the issue had been resolved satisfactorily. This was an area that required further development.

## Is the service well-led?

### Our findings

When we last inspected the service on 10 November 2015 we found that some of their management systems were not robust and was an area that required improvement. We asked the registered manager if they had developed an internal action plan to address the issues found at the last inspection, they told us that they had not but felt they had made the improvements necessary. At this inspection we found that they had not made the necessary improvements and management systems were still in need of further development.

The systems in place to assess, monitor and improve the quality of the service needed further development to help ensure they met the required standards. For example, audits, such as the medicines audit, did not detail what specific area of the medicines had been audited and what action had been taken to address any identified shortfalls. We also found that the surveys, meetings and manager monthly checks had not been robust as there were no action plans to address issues or comments. However, when asked the registered manager was able to tell us what action had been taken and, we saw, in regards to comments from people about the menu needing to be more varied, those different dishes had been added.

We also found that documents such as the handover record and the staff rota required development to help ensure they were robust to any scrutiny. For example, the rota did not include staff member's full name and position and the handover record was a list of some of the people living in the home with limited detail. We discussed this with the registered manager and explained the potential risk of important information about a person being missed.

Staff training systems were not effective. The current system did not allow for all staff to be trained before they started work, or even in the first few months of work as some training, for example, safeguarding people from abuse, was provided annually. This meant that staff may work for a number of months without the appropriate knowledge and skills. We also saw that the spreadsheet used to document staff training only had 19 of the 26 staff employed listed. This had not been identified by the registered manager. In addition, staff told us that they felt that their concerns about training and staffing were not listened to and told us they felt frustrated about the staffing and training issues. One staff member told us, "We [staff] complained to the manager several times about training and staffing, however I don't know what is happening with recruitment." Another staff member told us, "With the exception of staffing and training everything else here is good." A third staff member said, "Staff meetings are not held regularly at present and anyway issues brought up there are not resolved. We were told by the manager we need to cover the extra shifts for a few weeks and now we are doing it for a few months and we don't know what is happening and why. We are always promised to have new staff coming but they never turn up."

There was not a formal dependency tool in place to appropriately assess people's needs which would then help inform the staffing levels needed. The registered manager told us that this was done through their observations and staffing would be adjusted accordingly. We discussed the need for an appropriate assessment to be completed to inform the registered manager what the actual needs of people at the service were. For example, the number of people who need assistance to eat or the number of people who require two staff for support.

The systems in place gave no overview of accidents and incidents, safeguarding, complaints, nutritional issues or pressure ulcers. We also found that the processes in place in relation to assessing people's capacity and documenting their best interests, and then reviewing those decisions were not robust. They had also not identified that a fire drill was overdue and that the cupboard containing care plans was always left unlocked and accessible to those who were not authorised to access the information. We also found that statutory notifications that they are required to send us for significant events, were not sent. The registered manager told us that the reason they had not sent statutory notifications for issues, such as a pressure ulcer or unexplained bruising, was because they did not know they were meant to. Staff told us that they felt people received good care but the systems and processes let the service down as the team needed clearer direction. One staff member said, "We [staff] are now getting desperate for something to change, this is such a nice home and if we are telling you [CQC] maybe it will change."

Due to the ineffective processes and systems for governance in the service, this was a breach of Regulation 17 of the Health and Social Care Act (regulated activities) Regulations 2014.

The provider owned a single location and although they had ties to a local provider association to provide support and advice, and the registered manager told us that they were in receipt of the current Regulations and the CQC's provider handbook. However, the service was not operating in accordance with up to date processes and regulations. This included the requirement to display their latest CQC rating in their home and on the website. We saw that the rating was not displayed in the service and the website displayed an incorrect rating of Good instead of the awarded rating of requires improvement.

Therefore, this was a breach of Regulation 20a of the Registration Regulations in regards to the requirement to display ratings.

People and their relatives were very positive about the registered manager and the provider. One person said, "[Registered manager's name] is around and comes to see me and the owners are lovely and really like family, so I can discuss anything with them [concerns]." Another person told us, "The owner comes in and asks about me and how things are, always sticking [their] head round the door." One relative told us, "You wouldn't know [provider's] position, he comes in talks to [person] before acknowledging me. I think that is lovely. More about the person than the money it feels."

Staff told us that they liked the providers and the registered manager and they were approachable. One staff member said, "The owners are nice and look after staff. They give us a free meal in case we do a long day."

We noted that the registered manager was on annual leave on the first day of our inspection and they had left a poster in reception informing them of the dates and who was responsible in the absence. We saw that at the end of the note they had written, 'I will miss you all' which showed that they were invested in the home and the people they supported.

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 11 HSCA RA Regulations 2014 Need for consent
Treatment of disease, disorder or injury	The principles of the Mental Capacity Act 2005 were not always adhered to.

Regulated activity	Regulation
Accommodation for persons who require nursing or personal care	Regulation 13 HSCA RA Regulations 2014 Safeguarding service users from abuse and improper treatment
Treatment of disease, disorder or injury	The provider did not ensure that the appropriate safeguarding systems and training was in place.

Regulated activity	Regulation
Accommodation for persons who require nursing or personal care	Regulation 17 HSCA RA Regulations 2014 Good governance
Treatment of disease, disorder or injury	The systems in place to monitor the quality of the service were not robust.

Regulated activity	Regulation
Accommodation for persons who require nursing or personal care	Regulation 18 HSCA RA Regulations 2014 Staffing
Treatment of disease, disorder or injury	The staff team were not sufficiently trained for their role.