

PWC Care Limited

Thorn Hall Residential Care Home

Inspection report

West Wing
Main Road, Thorngumbald
Hull
Humberside
HU12 9LY

Tel: 01964622977
Website: www.pwccare.co.uk

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Ratings

Overall rating for this service

Requires Improvement 

Is the service safe?

Requires Improvement 

Is the service effective?

Requires Improvement 

Is the service caring?

Good 

Is the service responsive?

Requires Improvement 

Is the service well-led?

Requires Improvement 

Summary of findings

Overall summary

This inspection took place on 28 November 2016 and was unannounced.

At our last inspection of the service on 15 October 2015 the service was rated as 'requires improvement' and we identified a breach of Regulation 12 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014. This was because the premises and health and safety equipment within it were not safe for use or used in a safe way. We issued a requirement notice. As part of this inspection we checked if the registered provider had made improvements.

Thorn Hall in the village of Thorngumbald is a care home without nursing. It provides accommodation and care in single and shared rooms to 19 older people who may be living with dementia. There are communal lounges, a dining room, several bedrooms and bathroom and toilet facilities on the ground floor. There are also bedrooms and bathroom facilities on the upper floor, which is accessed by a stair lift. Grounds to the side of the house provide seating in the summer months. There is parking for eight cars. At the time of the inspection there were 13 people using the service, five of whom were living with dementia.

The registered provider is required to have a registered manager in post and on the day of the inspection the manager who was employed at the home was registered with the Care Quality Commission (CQC). 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.

Recruitment was on-going to ensure enough care staff were employed to meet the needs of people who used the service. However, there was an expectation from the registered provider that care staff also filled the roles of activity person, cleaning and laundry staff and kitchen duties at tea-time. The staff team worked well together to ensure the needs of people were not affected by any dips in staffing levels and there was a good atmosphere in the service. We raised concerns with the registered manager about the impact the levels of staff were having on cleanliness of the service, activity levels and record keeping.

We found the staff training programme was not robust and did not include all necessary subjects to ensure that people who used the service were supported by staff with the right competencies and skills to meet their needs and keep them safe from harm. Although people who used the service and relatives told us they were satisfied with the quality and quantity of food and drinks being served, we found that the recording of nutritional needs and specialist diets could be better.

People knew how to make a complaint and those who spoke with us were happy with the way any issues they had raised had been dealt with. People had access to complaints forms if needed and the registered manager had investigated and responded to the complaints that had been received in the past year. However, these actions were not well documented.

We saw evidence that care plans were not always accurate or up to date. This meant that staff did not have access to complete and contemporaneous records in respect of each person who used the service, which potentially put people at risk of harm.

Quality assurance and record keeping within the service needed to improve. There was a lack of effective auditing within the service.

People who used the service told us that they received their medicines on time and were happy with the way they were administered by the staff. However, there were a few minor issues around record keeping that we discussed with the registered manager on the day of our inspection. These were considered by us to have a low impact on people who used the service. We have made a recommendation in the report about medicine management.

We found that the service was clean, tidy and free from malodours, but there were areas where infection prevention and control practices could be improved to demonstrate that staff were aware of hygiene and cross infection risks. We have made a recommendation in the report about infection prevention and control practices.

Some people who used the service were subject to a level of supervision and control that amounted to a deprivation of their liberty; the registered manager had completed a standard authorisation application for each person and these had been reviewed by the supervisory body of the local authority. This meant there were adequate systems in place to keep people safe and protect them from unlawful control or restraint.

People were able to talk to health care professionals about their care and treatment. People told us they could see a GP when they needed to and that they received care and treatment when necessary from external health care professionals such as the District Nursing Team or Diabetic Specialists.

People were included in decisions about their care and we saw that appropriate care and support was being offered to people who used the service. We observed a number of positive interactions between the staff and people they were caring for. Activities were low key and dependent on staff having time to carry these out. Although people said they would like these to be more varied and frequent no-one felt this was detrimental to their wellbeing.

We have found a breaches of Regulation 17 and Regulation 18 during this inspection in relation to good governance and staffing. You can see what action we told the registered provider to take at the back of the full version of this report.

The five questions we ask about services and what we found

We always ask the following five questions of services.

Is the service safe?

Some aspects of the service were not safe.

The levels of staff on duty were not sufficient to ensure person-centred care, ancillary work, record keeping and activities were completed to a high standard.

There were areas where infection prevention and control practices could be improved to demonstrate that staff were aware of hygiene and cross infection risks.

People received their medicines on time and as prescribed, but the quality of recording the administration of medicines could be improved to minimize any risk of errors.

Requires Improvement ●

Is the service effective?

Some aspects of the service were not effective.

Staff did not always receive relevant training to enable them to provide effective care for people. People were supported by a range of healthcare professionals, but the recording of some health care needs was not carried out effectively.

We saw people were provided with sufficient food and drink to meet their nutritional and hydration needs.

The Care Quality Commission is required by law to monitor the operation of the Deprivation of Liberty Safeguards. We found the service to be meeting the requirements of the Deprivation of Liberty Safeguards (DoLS).

Requires Improvement ●

Is the service caring?

The service was caring.

People were supported by kind and attentive staff. We saw that care staff showed patience when supporting people. Clear explanations were given to people as tasks were carried out by the staff.

Good ●

We saw that people's privacy and dignity was respected by staff and this was confirmed by the people who we spoke with.

Is the service responsive?

Some aspects of the service were not responsive.

Care plans were not always detailed or accurate about the specific needs of each person, which could put people at risk of not receiving responsive care and support.

People were able to make choices and decisions about aspects of their lives. Staff encouraged people to join in with social activities, but respected their wishes if they declined.

People were able to make suggestions and raise concerns or complaints about the service they received. These were listened to and action was taken to address them, but these actions were not well documented.

Requires Improvement 

Is the service well-led?

Some aspects of the service were not well-led.

There was a lack of effective management systems and processes, which did not ensure compliance with the regulations.

Record keeping within the service needed to improve. We saw evidence that medicine records and care plans were not always accurate or up to date. Complaints were also not robustly recorded.

People who used the service said they could chat to the registered manager. Staff were supported by the registered manager and there was open communication within the staff team.

Requires Improvement 

Thorn Hall Residential Care Home

Detailed findings

Background to this inspection

We carried out this inspection under Section 60 of the Health and Social Care Act 2008 as part of our regulatory functions. This inspection was planned to check whether the registered 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.

This inspection took place on 28 November 2016 and was unannounced. The inspection team consisted of two adult social care inspectors.

As part of the inspection process we contacted the local authority safeguarding adults and commissioning teams to enquire about any recent involvement they had with the service. We looked at information we held about the service, which included notifications sent to us since the last inspection. Notifications are when registered providers send us information about certain changes, events or incidents that occur within the service. The registered provider submitted a provider information return (PIR) in September 2016 within the given timescales for return. The PIR is a form that asks the registered provider to give some key information about the service, what the service does well and improvements they plan to make.

At this inspection we spoke with the registered manager, the nominated individual for the service and three staff. We also spoke with two relatives, four people who used the service and one health care professional. We carried out observations of the lunch-time meal and walked around the whole building with the registered manager.

We spent time in the office looking at records, which included the care records for three people who used the service, the recruitment, induction, training and supervision records for three members of staff and other records relating to the management of the service.

Is the service safe?

Our findings

At our comprehensive inspection on 15 October 2015 we found there was a breach of Regulation 12: Safe care and treatment of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014. We found that the service had not been maintained in a safe condition, with a number of areas requiring on-going maintenance and repair.

At this inspection we saw that action had been taken to replace the carpet in the lounge area and the leaks to the conservatory roof had been repaired. Sufficient improvements had been made to demonstrate the requirement had been met. However, the registered provider had recognised that part of the premises called The Old Hall was in need of further renovation.

During our inspection we looked at the levels of staff on duty within the service. On our arrival at the service we found there was one senior care staff and two care staff plus the registered manager on duty. The regular cook was on leave and the registered manager was carrying out kitchen duties. The nominated individual attended the service and took over the kitchen duties freeing up the registered manager to assist us with the inspection. Staff told us, "Most of the time there are three staff on duty, but sometimes when staff call in sick we cannot always cover the shift." This was confirmed by the staff rotas we looked at, which showed the occasional day shift when there was only two staff on in an afternoon. The registered manager told us they did not use a dependency tool to calculate staffing levels in relation to people's dependency needs. At the time of our inspection there were 13 people using the service.

We spoke with people who used the service, relatives and staff about the levels of staff on duty and we received a mix of responses. One person told us, "They need more staff. The staff will tell you themselves. My bath day was changed because there were not enough staff. There has not been a cook lately and the cleaner left and was not replaced. Staff come and run the Hoover around every day as I cannot see and sometimes I drop food and my bedroom needs cleaning." Another person said, "It is very nice here. I find it warm, comfortable, friendly and the staff are very good. Sometimes they are rushed and one could do with an extra one [Staff] on duty, especially in a morning. This means I cannot always get up on time, but I know they do their best." However, a visitor told us, "I have always found there has been enough staff on duty. I have not noticed any occasions when buzzers were ringing for long periods; they always seem to answer these quickly."

The staff rotas showed that there was no maintenance person employed. We asked the registered manager about this and they told us they carried out any minor repairs. They said that staff would leave them a note about any issues with the environment or equipment and then they would call in an external contractor if the job was too complex for them to complete.

There were no domestic or laundry staff identified on the rotas and the registered manager said the care staff carried out these duties. The care staff were also responsible for kitchen duties at tea-time. Following the inspection the registered provider told us, "A cleaner/laundry person was due to start and the home was awaiting a Disclosure and Barring Service (DBS) check, which came three days after the inspection. This is a

small home with limited resources, which means that staff and management work in an innovative way to maintain good standards of care. Also that there are contingency plans in place when the need arises if there is a sudden shortage of staff."

We were told by the registered manager that there was on-going recruitment to fill two part-time posts for day-time care staff. We observed the daily routines of the service and saw that people received the care and attention they needed, but there was little evidence of activities within the service, which were reliant on care staff to complete. We also had some concerns about the cleanliness of the service, completion of staff training and the standards of record keeping. Which we consider the current staffing levels may have contributed to.

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

People told us they got their medicines on time and staff waited until they had taken them before moving on. Everyone we spoke with was happy for the staff to administer their medicines. Discussion with the registered manager indicated that no one using the service currently self-administered their own medicines, but that this would be risk assessed and discussed with their GP if people's wishes or capacity changed.

The senior care staff informed us that they had received training on the handling of medicines. This was confirmed by our checks of the staff training plan and staff training files. We looked at how medicines were managed within the service and checked a selection of medication administration records (MARs). There were a few minor issues that we discussed with the registered manager on the day of our inspection, which were considered by us to have a low impact on people using the service.

Medicines that required storage at a low temperature were kept in a medicine fridge and the temperature of the fridge and the medicine room were checked daily and recorded to monitor that medicine was stored at the correct temperature. However, we found one refrigerated medicine that had not been dated when it was opened. This meant staff could not confirm that it remained effective and fit for purpose.

We found that topical medicine charts (used to record the application of external creams and lotions) were not completed appropriately, as staff were not always signing when they administered these. This meant we could not be certain that these were being administered appropriately and as prescribed. However, people we spoke with said they were having their creams administered by the staff on a daily basis.

We also found that handwritten entries on the MAR charts did not have two staff signatures to show that what had been recorded by the staff matched the instructions on the pharmacy label of the medicine packet or bottle; this is considered to be good practice. The registered manager told us that they would speak to the staff immediately and ensure best practice was followed at all times.

We recommend that the service considers current guidance on giving medicines within a care home setting and take action to update their practice accordingly.

We found evidence that the levels of cleanliness in the service and infection control practices could be improved. We saw the cleaning rotas that outlined the daily and weekly tasks for the day care staff and night care staff to complete. The registered manager told us there were no completed cleaning records so there was no way for us to check what tasks had been done.

We found that the toilet near to the dining room had missing wall tiles, which meant it would be difficult to effectively clean this area. The yellow clinical waste bin in the toilet and one bathroom needed to be foot

operated to prevent cross contamination as staff opened the lid to put clinical waste in there. One bathroom had a bath hoist and the bath straps we saw had mould on them and the bath chair was dirty. This was not hygienic for the people using the facility.

The laundry room was very small and we saw cobwebs hanging from the ceiling. There was no wash hand basin in the laundry and staff needed to go through two doors to get to the nearest basin. Discussion with the registered manager indicated they were aware of the problem with hand washing and plans were in place to build a new laundry facility. In the meantime staff wore disposable gloves which were removed when they left the room.

We recommend that the service consider current guidance, in relation to effective infection prevention and control practices, and take action to update their practice accordingly.

We asked to see the maintenance certificates for the premises and equipment which would indicate that the registered provider was ensuring they were fit for purpose and maintained to a safe standard. We saw that Portable Appliance Testing (PAT) had been carried out for all electrical appliances and maintenance certificates were in place for the stair lift, hoists and slings. The fire system including the alarms and extinguishers had been checked by an external contractor as had the emergency lights. We were told that work was currently underway for the gas systems and the fixed electrical wiring and the certificates would not be available until the work was completed. We asked that these certificates be sent to us as soon as possible and we were provided with this additional information following our inspection.

People said they felt safe in the service and that staff were very caring and looked after them well. One visitor told us, "I feel my relative is safe, well looked after and comfortable." We asked staff how they kept people safe and they told us, "We ensure fire doors are kept closed and carry out regular safety checks. We remove any known hazards, so people are not at risk of tripping up."

Care files had risk assessments in place that recorded how identified risks should be managed by staff. These included falls, fragile skin, moving and handling and nutrition; the risk assessments had been updated on a regular basis to ensure that the information available to staff was correct. The risk assessments guided staff in how to respond to and minimise the risks. This helped to keep people safe, but also ensured they were able to make choices about aspects of their lives. The registered manager monitored and assessed accidents within the service to ensure people were kept safe and any health and safety risks were identified and actioned as needed.

The registered provider had policies and procedures in place to guide staff in safeguarding adults. The registered manager described the local authority safeguarding procedures and our checks of the safeguarding file showed that there had been no alerts raised by the registered manager in the last twelve months. We received feedback from the local authority safeguarding team that they had no on-going concerns about the service. We spoke to staff about safeguarding, how they would identify abuse and the steps they would take if they witnessed abuse. The staff provided us with appropriate responses and told us that they would initially report any incidents to either the senior member of staff on shift, or the registered manager.

We saw that the fire risk assessment for the service was reviewed in September 2016. Fire drills were carried out monthly with the last one recorded in October 2016 and the local fire officer visited and completed a fire audit in May 2016; no issues were found. The people using the service each had a personal emergency evacuation plan (PEEP) in place; a PEEP records what equipment and assistance a person would require when leaving the premises in the event of an emergency. We looked at the registered provider's policies and

procedures and found that they had a business continuity plan in place for emergency situations and major incidents such as flooding, fire or outbreak of an infectious disease. These safety measures meant the risk of harm for people and staff was monitored and reduced as much as possible.

We looked at the recruitment files of three members of staff. Application forms were completed, references obtained and checks made with the disclosure and barring service (DBS). DBS checks return information from the police national database about any convictions, cautions, warnings or reprimands. DBS checks help employers make safer decisions and prevent unsuitable people from working with vulnerable client groups. Interviews were carried out and staff were provided with job descriptions and terms and conditions. This ensured they were aware of what was expected of them.

Is the service effective?

Our findings

We asked people who used the service if they felt the staff were sufficiently skilled and experienced to care and support them to have a good quality of life. All of them said, "Yes." One person told us, "The staff seem well trained, but some of the younger ones need a little bit more support." We saw that staff received induction and supervision as part of their personal development.

Some aspects of the service were not always effective. We saw that in one of the three staff files we looked at the new member of staff had starting work with training certificates accepted from their previous employer. However, there was no evidence the service had carried out competency checks to show that the member of staff had the skills and knowledge to meet the needs of the people who used the service.

We looked at records of staff training to check that staff had the appropriate skills and knowledge to care for people effectively. We saw that staff had access to a range of training deemed by the registered provider as both essential and service specific. Staff told us they completed essential training such as fire safety, first aid, infection control, safeguarding and moving and handling. We also saw that staff had access to courses such as dementia care, end of life care and the Mental Capacity Act 2005.

We noted that health and safety and Control of Substances Hazardous to Health (COSHH) training sessions were not recorded on the staff training plan. Discussion with the registered manager identified that no training on these subjects had been completed; we were told the only information staff received was by reading the policies and procedures within the service. This meant the risk of potential harm to staff and people who used the service was increased through the staff's lack of knowledge.

Food safety training was also not included on the staff training plan. In one person's care file it was documented that staff were to use the Nutrition Mission process of high calories foods and snacks to increase weight gain and reduce the use of supplementary drinks. However, when we asked the registered manager for information about this we were told the staff had not done the training and care plans about this still needed to be developed. This meant that all staff did not have the knowledge and skills to carry out their roles and responsibilities effectively to meet the needs of people who used the service.

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

We looked at induction records for three members of staff. These indicated that new staff completed the Care Certificate Induction from Skills for Care. Skills for Care is a nationally recognised training resource. We saw documentation that indicated new staff shadowed more senior staff for the first few weeks of employment. As they gained new skills or were deemed competent in certain aspects of care, these were signed off on their induction paperwork.

Supervision is a process, usually a meeting, by which an organisation provides guidance and support to its staff. We looked at three staff supervision records, which showed that care staff were being supervised by

the registered manager. The staff we spoke with were positive about their supervisions saying, "We have staff supervision about how we work or where we can improve. We get both positive and negative feedback from the manager and this helps us develop as individuals."

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

People can only be deprived of their liberty to receive care and treatment when this is in their best interests and legally authorised under the MCA. The application procedures for this in care homes 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.

Records showed that five people who used the service had a DoLS in place around restricting their freedom of movement. These were kept under review and applications had been submitted where needed for other people and the registered manager was awaiting the outcome from the authorised supervisory body.

Staff told us how they used the Mental Capacity Act 2005 in their daily work routines. They said, "We ask people about whether they are happy to receive care and we talk them through each task. We treat people as though they were a member of our own family. We give them the right to express their wishes and choices and they can follow their own religious beliefs. We ensure people are given the opportunity to make their own decisions where possible. Best interest decisions are made involving all relevant professionals." Senior staff showed a good understanding of DoLS and MCA, including the need to contact the coroner when a deceased person had a DoLS in place.

Some aspects of documentation about risk and possible restrictive practices could be recorded better in the care files. We noted in one care file that the person had a rise and recline chair in their bedroom and in the lounge. However, there was nothing in the file to say if they could operate this independently or use the nurse call system to ask for assistance. We were concerned that this may have been used as a form of restraint to stop the person moving around the service. However, when we asked the registered manager about this they said the person did not use the recline feature of the chair and they could shout out if they needed staff assistance to move. We asked the registered manager to make sure this was clearly recorded in the person's care plan.

People were able to talk to health care professionals about their care and treatment. All individual health needs, visits or meetings were recorded in the person's care file with the outcome for the person and any action taken (as required). People told us, "The chiropodist visits and the hairdresser. If I want to see the doctor I speak with one of the staff and they will arrange a visit for me" and "If I am unwell, the staff give me a bit of extra attention. They check up on me to make sure I am okay. They contact the doctor and have done so several times in the past." One visitor said, "The staff are quick to contact a GP if there are any concerns about my relative's health. Staff seem to respond to people quickly and always make time to speak with our family if they have any concerns."

We spoke with a visiting health care professional. They told us, "We come here on a regular basis. The staff seem to know the people here well and understand their needs. We have a good relationship with the staff

and can communicate using the telephone if need be. If the staff know we are coming in they prepare a list of people who need to see us for minor ailments, so we can address these on our visit. The staff follow our advice and guidance and I personally have no concerns about the service. The registered manager is approachable and they follow up any advice that they are given. Families always give us good reports about the care here."

People told us, "I can sleep whenever I want to. I can have breakfast when I get up, even if that is at 6am. I have cereals and toast then a cooked dinner and tea", "The cooks are good and it is lovely food. There is always enough and I don't need to ask for seconds" and "I eat everything they bring me."

The registered manager told us that the majority of people preferred to eat in their bedrooms. We saw that there was a four-week rotating menu in place. We observed the lunch-time meal and saw that only four people used the dining room. The tables were well laid out with napkins, cutlery and condiments. People were offered juice or water to drink. People all sat at the same table chatting to each other, but generally the atmosphere was quiet. Alternative meals were seen to be offered and consumed. Staff offered people support with eating and drinking, but on the whole people were able to independently manage.

One person said, "The food is alright. I like a lot of greens and lately they have been doing them. They are cooked just right." One visitor said, "The food is lovely. Some of the meals they serve are really great. My relative eats the lot so I know they have not lost their appetite."

Is the service caring?

Our findings

We found the service to be calm and relaxed and as we walked around the building in the morning we saw that people were being assisted to get up, washed and dressed at their own pace. People were well presented and dressed appropriately for the weather. Music was playing around the service and we noted that staff and people who used the service were chatting together as they went about their daily business.

One member of staff said, "We have enough time to meet people's care needs. There is a good atmosphere here; because it is a relatively small service everyone knows each other and they have a good chat and it is really friendly."

The feedback from relatives and people who used the service was positive, especially in relation to the staff and the care they received. People told us the service was homely and friendly. Their comments included, "It's a good place. I have no concerns about the staff they are very good" and "I have regular baths, three times a week." One person said, "I don't really like wearing socks, so I don't. The staff know this and although they tell me I should they say it is also my choice."

We spoke with one visitor who told us, "I visit every day, the staff are very welcoming. They make me lunch and some days I sit and help my relative with their eating and drinking. The staff are all lovely. My relative seems to respond well to the staff even though they cannot speak now, but they always smile at them."

Other visitors said, "My relative's room is fine, I cannot think of anything else they could need" and "The care is good and I have no concerns about my relative being here. They use the hoist for everything and they seem to know what they are doing. They look confident, but they have had lots of practice at moving my relative."

We observed how staff promoted people's privacy and dignity during the day by knocking on bedroom doors prior to entering, ensuring toilet and bathroom doors were closed when in use and holding discussions with people in private when required. People told us, "The majority of staff are very good. They always knock on the door before entering – it is the home's policy," and "The staff put you at ease and you can relax when they are with you."

One visitor told us, "[Name of relative] did not settle at another service. They originally came for a short stay but they liked it here and settled quickly. The staff are fabulous. There are a lot of nice people here and the service is like a family. I know my relative is safe here and the staff check on them regularly day and night."

Staff explained how they tried to promote people's independence and encouraged them to maintain their life skills. We observed a member of staff supporting a person to stand from their chair. The member of staff talked the person through the manoeuvre and encouraged them to use their own strength to move from sitting to standing, whilst providing minimal amount of support. Although this took longer, it enabled the person to recognise what they were still capable of doing.

People were able to move freely around the service; some required assistance and others were able to mobilise independently. One person said, "I can find my way around the service as I have been here about a year and I know where everything is."

Staff said, "We encourage people to be independent. We talk them through personal care and ask them to do small tasks themselves such as buttoning shirts/blouses." One person who used the service told us, "We are kept very clean, our clothes are changed daily – washed, dried and ready for the next day. We are well looked after and have all the essentials. Friends and family can visit anytime and there are no restrictions on when they can visit."

People told us that they were happy with the level of communication between the service and themselves. One person told us, "I find the staff and the registered manager easy to talk with and people here are always having a laugh and a giggle with them."

For people who wished to have additional support whilst making decisions about their care, information on how to access an advocacy service was available from the registered manager. The registered manager told us there was regular input from a local independent mental capacity advocate (IMCA) service for two people who used the service. An advocate is someone who supports a person so that their views are heard and their rights are upheld. Relatives who spoke with us were aware of people's rights and a number of them said they had a power of attorney for finances or health and wellbeing. Discussion with the registered manager indicated the service was also ensuring that families provided copies of Lasting Powers of Attorney's where they had been registered with the Office of the Public Guardian (OPG).

Is the service responsive?

Our findings

Although we have judged this key question as requires improvement due to poor record keeping and a lack of activities, we received positive feedback from relatives and people about the service and staff. We asked people if the staff spoke with them and involved them in decisions about their care and treatment, as we found that care plan agreement forms were in place, but these were not always signed by the person using the service or by their family. One person told us, "Yes, you can talk to them about anything." They went on to say they were able to make choices about when they got up and went to bed and what they did on a daily basis. Two people told us that they had choice and control over their daily routines, but they told us, "We tend to stay in our room most of the time."

Families confirmed to us that they did take part in care reviews with the funding authority and staff. We asked people about their involvement in their care plans and some people said they were aware that they had a care file and that staff wrote in it, but they were not involved in the monthly review process. One person said, "I don't know about that. My family look after this for me."

We found that people's care plans did not always clearly describe their needs or record the care being given. We saw no evidence that people were not receiving the care they required, but noted this information was not well recorded.

We saw that equality and diversity information was not consistently recorded in these such as, religion, marital status and ethnicity. Some care plans required further information including in them such as end of life wishes and religious needs. We saw in one file that there was no person's name on some of the paperwork, and the information in their care file was vague. For example, their file stated the person using the service was married but there was no reference about their partner in the rest of the file.

There was a lack of information in one care file about the person's social and emotional needs. They were married and received regular visits from their partner and family. However, these were not recorded by the staff. We noted that the person had gone out for lunch with their family as it had been their birthday the day before. The registered manager told us they were aware of the lack of social information and were trying to address this through the compilation of life history records for people using the service.

Another file lacked information about the person's family, equality and diversity and activities. There was a care plan that said they watched the television, read newspapers and liked one-to-one time as they did not join in group activities. However, nothing was recorded to indicate they had taken part in any activities at all. During our inspection we saw this person conversing with the registered manager, nominated individual and staff.

We saw that daily notes contained gaps in the recording and spaces were left between entries. Staff were also using abbreviations in the notes. This is not best practice for record keeping.

We found that recording within the care files about nutrition and food intolerances could be improved. One

of the three files we looked at documented that the person had some food intolerances, but it did not describe what these were. When we asked the registered manager about these, they could not tell us what they were as they said they were not recorded. The care file stated the person required a soft diet that was high in calcium. The person also required high calorie snacks and extra snacks because they had a slow weight loss in the last two months. However, we found no food records to show what was being offered to this person and no evidence of the snacks being consumed. The registered manager said they recognised that the care plan needed to be more detailed and confirmed that the person was not on a food chart. Our observations of the lunch time meal showed the person using the service was offered an appropriate diet of soft foods, which they enjoyed.

There was a dog in the service which had restricted access to certain parts the home. The risk assessment for the dog documented that people using the service were to be individually assessed for interaction with it. However, we saw no signs of these in the three care files we looked at.

These findings evidenced a breach of Regulation 17 of the Health and Social Care Act (Regulated Activities) Regulations 2014.

Activities were very low key and there was no sign of any taking place during our inspection, although there was a Christmas party booked for December 2016.

We saw the dog in the manager's office and people enjoyed their interactions with it. One person was seen to be offering the dog treats and this individual took great pleasure from this action as they sat with a big smile on their face. Another person told us, "I like to give the dog a biscuit when they come to see me."

One person told us, "I have not been outside of the service since I came here, but I do like to sit in the garden during summer. I get papers delivered from the local paper shop and I enjoy watching television and listening to music. I sometimes sit in the lounge and chat to other people."

One member of staff said, "We try so hard to get people to do activities. I have arranged for one person to do knitting and another enjoys painting. People tend to get into their own routines and it is hard to get them to join in with activities." One visitor told us, "Activities do take place such as dominoes and music."

Only one person was living on the first floor of the service as all other bedrooms on this level were empty. The person upstairs said, "I like it up here, I have my light, my television and radio. A library comes once per month and I get talking books. I also have a visitor from my church."

One person said, "You are left to your own devices most of the time. I can watch television and the library visits. My friends and family come to see me and I hope to get outside in the summer. I have made a friend in here and we exchange magazines and have a chat now and again. We are going out to tea sometime. The staff have said they will take us on their days off and we will make a real tea party of it."

Families told us they were able to visit their relatives whenever they wished. One person told us, "My family is usually made welcome and they visit me once or twice a week." A visitor said, "We are a big family and someone is here most days to see our relative."

The complaints policy and procedure was on display, but it was not in a format suitable for people living with dementia. The registered manager said they would organise this immediately.

Checks of the complaints folder showed that the last recorded complaint was received on 26 December

2015. The registered manager's response to the complainant detailed that their concerns would be investigated and staff would be asked to explain their actions. However, there was no record of the investigation or any staff explanation present in the folder. We also found no record of a response to the complainant regarding the findings of each issue raised.

We discussed the complaints folder with the registered manager. They explained that they had telephoned the complainant and also emailed them. However, none of this was recorded. There were no supervision records regarding their conversations with the staff involved and nothing signed off to indicate that the complainant was happy with their actions and the outcome. This was not evidence of best practice on how to effectively manage complaints. Please see the well-led section of this report for the action we have taken about this.

Discussion with people who used the service and relatives indicated they were confident about speaking to the registered manager about any concerns they may have and satisfied that they would be responded to appropriately. One person who used the service told us, "I have complained in the past and everything was sorted out straight away."

A visitor told us, "If I had any concerns then I could speak with the registered manager. All of the staff are approachable. I have not had any formal complaints, but have raised minor concerns which have all been dealt with appropriately."

Is the service well-led?

Our findings

The registered provider and registered manager had made improvements to the facilities since our last inspection in October 2015. Repairs to the conservatory roof leak had been carried out and a new carpet had been fitted to the lounge. However, they had identified further refurbishment and repairs needed to The Old Hall.

Quality assurance and governance processes are systems that help registered providers to assess the safety and quality of their services, ensuring they provide people with a good service and meet appropriate quality standards and legal obligations. We found that there was a quality assurance system in place but it was not always effective. We identified shortfalls in staffing and staff deployment, staff training, record keeping and complaints management during the inspection. We also spoke with the registered manager about medicine management and infection prevention and control practices that could be improved and we have made recommendations in this report around this.

We saw that the registered manager completed monthly audits and identified where changes were needed to improve the service. However, where audits completed in 2016 had identified issues, improvement to practice had not always been maintained. For example, in April 2016 it was identified in the record keeping audit that topical medicine administration records were not being completed properly. We found these same issues during our inspection. The audits did not highlight all of the concerns we found around inaccurate and inadequate record keeping. For example, we saw evidence that care plans were not sufficiently detailed and did not always include all the needs of each person. This meant that staff did not have access to complete and contemporaneous records in respect of each person who used the service, which potentially put people at risk of harm.

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

We found the service had a welcoming and friendly atmosphere and this was confirmed by the people, relatives, visitors and staff who spoke with us. Everyone said the culture of the service was open, and transparent. The registered manager was described as being open and friendly and there was an open door policy as far as they were concerned.

One visitor told us, "It does not seem like a business here, but more of a family home. It is a lovely, lovely place; the surroundings could be improved but the staff are lovely. We did not know anyone at first, but we felt comfortable leaving our relative in their care. We have no concerns about the service at all."

We sent the registered provider a provider information return (PIR) that required completion and return to CQC before the inspection. This was completed and returned with the given timescales. We asked for a variety of records and documents during our inspection. We found these were easily accessible and stored securely. Services that provide health and social care to people are required to inform CQC of important events that happen in the service. The registered manager of the service had informed CQC of significant

events in a timely way. This meant we could check that appropriate action had been taken.

There was a registered manager in post who was supported by senior staff and the registered provider. Everyone who spoke with us was able to tell us the name of the registered provider and the registered manager and were confident about raising any issues with either one of them. People told us they felt the home was well run and they were happy there. The home had a calm atmosphere about it on the day of the inspection and the registered manager told us they aimed to provide people with a pleasant and relaxing place in which to live. One person who used the service said, "The manager is very good, kind and friendly. I can talk to them if I have any issues."

Staff told us, "The manager is really supportive. They are great and work really hard. It is a homely atmosphere and we try hard to ensure it is not institutionalised. Generally we all get on together and work as a team" and "The manager is approachable and effective."

There was some evidence that people, relatives and staff were involved in the development of the service, but the support for people to express their views could be improved. Staff said they attended annual staff meetings and we saw meeting minutes for March and August 2016. Food satisfaction surveys were sent out by the registered manager in September 2016. The responses to these were positive. We asked people if they had attended any relative/resident meetings. People told us, "No resident meetings. I think I have done a questionnaire in the past" and "I have not seen any meetings. I thought it was a good idea, but they said it didn't work in the past." However, we were given copies of a letter sent out to relatives in 2016, which kept them informed of changes taking place within the service.

This section is primarily information for the provider

Action we have told the provider to take

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

Regulated activity	Regulation
Accommodation for persons who require nursing or personal care	<p>Regulation 17 HSCA RA Regulations 2014 Good governance</p> <p>The registered provider failed to operate effective systems and processes to assess, monitor and improve the quality and safety of the services provided.</p> <p>The registered provider failed to monitor risks relating to the health and safety of people using the service and failed to maintain an accurate, complete and contemporaneous record in respect of each person using the service.</p> <p>Regulation 17 (1) (2)(a)(b)(c)</p>
Regulated activity	Regulation
Accommodation for persons who require nursing or personal care	<p>Regulation 18 HSCA RA Regulations 2014 Staffing</p> <p>The registered provider failed to deploy sufficient numbers of staff to meet people's needs.</p> <p>The registered provider failed to ensure that staff received appropriate training to enable them to carry out the duties they are employed to perform.</p> <p>Regulation 18 (1)(2) (a)</p>