

# St Michael's Care Homes Limited

## St Michaels Nursing Home

### Inspection report

19-21 Downview Road  
Worthing  
BN11 4QN  
Tel: 01903 248691  
Website: [www.stmichaelscare.com](http://www.stmichaelscare.com)

Date of inspection visit: 11 June and 12 June 2015  
Date of publication: 13/10/2015

### Ratings

#### Overall rating for this service

Requires improvement



Is the service safe?

Requires improvement



Is the service effective?

Requires improvement



Is the service caring?

Requires improvement



Is the service responsive?

Requires improvement



Is the service well-led?

Requires improvement



### Overall summary

This inspection took place on 11 and 12 June 2015 and was unannounced.

St Michael's nursing home provides accommodation and nursing care for up to 39 people. There were 29 people living at the home when we visited. The home provides support for older people and people who are living with dementia. People had a range of nursing and care needs and required different levels of care and support from staff relating to health and mobility. Accommodation is provided over three floors with a dining area, communal lounge and conservatory.

The service did not have a registered manager in post on the day of our inspection. 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. A new manager had been in post since May 2015 but had not yet applied to register. The manager had been re-employed at St Michael's Nursing Home after a period of absence.

# Summary of findings

Some aspects of the service were not safe. People were not protected from the risk of infection as the provider did not have arrangements in place for keeping the service clean and hygienic. The provider did not always follow policies and procedures in line with current relevant guidance.

The dependency tool used to assess staffing levels was not consistently completed to ensure there were sufficient staff deployed. It was not ensured that staffing levels were changed to reflect peoples needs.

Consent to care and treatment was not always sought in line with legislation and guidance. People were not always involved in decisions regarding their care and treatment. When people did not have capacity to consent formal processes were not followed to protect their rights.

People received enough to drink but did not consistently receive the support they required to eat. Choices were limited and the food served did not always reflect people's preferences.

People's care records contained little information about choices, preferences and life history of individuals. There were inconsistencies in the recording of daily notes.

There were some examples of positive relationships between people and staff during our visit but this was not consistent. People raised concerns that staff were rushed when delivering care and people's dignity was not upheld.

People told us they felt safe living at the service and felt able to raise concerns with staff. Staff knew what action to take if they suspected abuse and had received training in keeping people safe. Assessments and reviews of risk had been undertaken.

The provider had arrangements in place for the safe ordering, administration, storage and disposal of medicines. People were supported to get medicine they needed when they needed it. People were supported to maintain good health and had access to healthcare services when needed.

At the time of inspection we found that there were a number of areas that required improvement. Although the provider had a quality monitoring system in place, this had not been effective in identifying and actioning areas for improvement. The manager and provider advised that there had been a period of instability when there was no manager in post.

We found a number of breaches of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014. You can see what action we told the provider to take at the back 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?

Some aspects of the service were not safe.

People who lived in the home were placed at risk because areas of the home where not cleaned to a hygienic standard. Some areas of the premises were not safe.

There were not sufficient numbers of staff to keep people safe and meet their needs.

Medicines were managed, stored and administered safely.

Staff had received safeguarding and whistleblowing training and knew how to recognise and report abuse.

Requires improvement



### Is the service effective?

The service was not always effective.

People's rights were not protected as St Michael's Nursing Home was not meeting the requirements of the Deprivation of Liberty Safeguards (DoLS) as applications to deprive people of their liberty had not been made.

When people did not have the capacity to consent the manager had not made suitable arrangements to ensure decisions were made in their best interests. Staff obtained consent from people before delivering daily care.

Dietary preferences were not taken into account.

People were supported to maintain good health and had access to healthcare services.

Requires improvement



### Is the service caring?

The service was not always caring.

The provider had not ensured that people's emotional and social need were met and care plans had not taken these into account.

People's dignity was not always respected.

People were not always involved in decisions about their care.

People's relatives were able to visit without being unnecessarily restricted

Requires improvement



### Is the service responsive?

The service was not always responsive.

People did not always receive care that was personalised because they had not been involved in decisions about their care and treatment..

Requires improvement



# Summary of findings

Staff did not always have the time they needed to deliver care in a person centred way.

There were not enough meaningful activities for people to participate in and people were not always supported to participate in the activities available.

People felt able to express concerns and feedback was encouraged.

## Is the service well-led?

The service was not always well led .

There was no registered manager in post at the time of the inspection.

People and staff were not always involved in developing the service.

Quality assurance systems were not effective in measuring and evaluating the quality of the service provided.

Staff told us the new manager was approachable and that they had regular supervision.

**Requires improvement**



# St Michaels 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.

We visited the home on 11 and 12 June 2015. The visit was unannounced.

Two inspectors undertook this inspection. Both inspectors have knowledge and experience of working with older people and people living with dementia. Some people living with dementia were unable to tell us about their experiences therefore we observed care and support in communal areas and spoke with people and staff. We also carried out an observation over lunchtime to help us understand the experience of people who could not talk to us. We spent time looking at records including eight care

records, three staff records, medication administration record (MAR) sheets, staff rotas, the staff training plan, complaints, quality assurance audits and other records relating to the management of the service.

Before the inspection, we checked the information that we held about the home and the service provider. This included statutory notifications sent to us by the provider about incidents and events that had occurred at the service. A notification is information about important events which the provider is required to tell us about by law. We also reviewed complaints and safeguarding information that we had received from relatives of people who received a service and West Sussex County Council Safeguarding Team. We used all this information to decide which areas to focus on during inspection.

During the visit we spoke with seven people who lived at the home, four relatives, one housekeeper, one practice nurse, one registered nurse, one care assistant, the acting manager and the provider. There was no registered manager in post on the day of our inspection.

The home was previously inspected on 12 November 2014 and no concerns were identified at that time.

# Is the service safe?

## Our findings

People were not being cared for in a clean and hygienic way. This was because the provider's arrangements to manage infection control were not consistently followed. We identified a number of infection control risks during our inspection. At the side of building in the garden area were two large yellow clinical waste bins and one small bin. Neither of the two large bins were locked despite having locks in places and neither were secured. They were in part of the garden that was accessible through the car park. There was a gate in place with a lock but this was not in use. The manager stated, "We used to have these in the car park but moved to the side because of an incident in another home where they were set on fire". The bins were not secured, this is not safe practice as people could come into contact with the bins and could be exposed to infection.

There were two sluice rooms within the home. On the first day of our inspection we saw soiled commode pots which were being stored on the floor in one of the rooms. On the second day of our inspection the soiled commode pots had been moved and were found at the side of the building in the garden. They had not been cleaned and were not in bags, but open on the floor, in an area which was accessible to residents. The foot pedal on the clinical waste bin did not work, when we asked the manager how staff would open the bin the manager stated that, "Staff would need to use their hands to open the bin".

On the second floor there was a newly refurbished wet room. This room was being used as a storage room and people also used the toilet facilities. The room contained a hoist, six wheelchairs, a commode and a stand aid. The equipment stored in this room restricted people's access to the sink, hand soap and paper towels which posed a risk to the control of infection.

Within the home we saw commodes, toilets and sinks within bathrooms which were not clean. The manager advised that the commodes were cleaned each night by the night staff. The lack of deep cleaning within the home did not prevent the risk of the spread of infection.

Daily cleaning records showed that when housekeeping staff were on leave, cleaning tasks were not recorded as having been completed. We spoke with the manager who told us that care staff carried out the cleaning tasks when

housekeeping staff were on leave. When we asked if cleaning tasks were manageable a member of staff told us, "No, I prioritise and leave a note for the night staff for the things I didn't have time to do". The housekeeper told us, "If I can't get things done care staff pitch in and help. Of a weekend they do laundry when I'm not here. They make sure the rooms are clean and tidy". Therefore the cleaning tasks were not routinely completed, leaving areas of the home unclean and placing people at risk of infection.

In October 2014 the local authority contracts and commissioning team recommended an increase in the care staff levels to ensure extra cleaning time was available. They also recommended increasing cleaning checks on the downstairs toilet to two hourly. From our observations it did not appear that these recommendations had been implemented.

Staff did not always use the appropriate disposable gloves and aprons when caring for people. We observed some toiletries being stored within the wet room which were intended for communal use. This placed people at risk of infection if they were sharing toiletries with others. In the laundry room we saw a sink which was soiled and items of debris including leaves were in the sink. There were no paper towels or soap in the dispenser in the laundry for staff to use after handling soiled laundry. This did not ensure that people received care in a safe and hygienic way.

During our inspection food debris was observed in one person's bedroom. A visitor told us, "We are not impressed with her room. Crumbs have been at the side of her bed since last Wednesday and they are still here today".

There was a lack of clarity about who was the appointed infection control lead. The provider and manager advised that the housekeeper would be the infection control lead. However when discussing the suitability of the housekeeper as the infection control lead the provider stated that, "It would be joint with the manager and the nurse team". The manager was not clear on their responsibility for infection control. The home's infection control annual statement 2015-2016 stated that the infection control lead was the manager, supported by the nursing team and housekeeping team. The lack of clarity about infection control roles and responsibility lead to gaps within the management of this area.

## Is the service safe?

Cleanliness and infection control audits were not effective. The home infection control annual statement 2015-2016 stated that there had been no significant events regarding infection control issues in the previous twelve months. The home's policy was to carry out six monthly infection control audits. In May 2015 an audit of this area was carried out by the manager and stated that all areas of the home were compliant. The audits had not identified the issues that we found during our inspection.

Accidents and incidents were recorded with information of what happened, who was involved, who had been informed and what action had been taken. Trends were not identified by the monthly audits which meant that steps could not be taken to reduce the likelihood of it happening again. The falls audit was completed monthly but trends were not identified in relation to an increase in people's falls. There had been an increase in accidents and falls between October and December 2014 which had been recorded but not analysed in order to improve the safety of service provision.

There were a number of areas in the home which posed a risk to people's safety as they created trip and fire hazards. The manager advised that at mealtimes people could choose to eat in the family dining room. This was also used if family visited and wanted to share a meal. The family dining room was being used to store objects which were previously stored in the garden shed including a Hoover, ladders, sun parasol, bags of rock salt and a garden brush. The manager advised that they were planning on buying a new garden shed to store these items. These items created a potential obstacle which could prevent people from exiting the home quickly in an emergency.

Systems were not in place to reduce the risk of infection spreading. There was an ineffective system for assessing and mitigating risks identified through accident and incident monitoring and there were areas of the premises which were unsafe. This was a breach of Regulation 12 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

The management of laundry was carried out in a clean and hygienic way. There was a separate storage room for clean laundry, this included individual boxes for people's own clothes. The manager advised that all the sheets are laundered by an external company on a weekly basis.

People told us "staff are always busy. When I buzz they come but say they can't talk as they're busy". Another person told us "the home is such a big one and if you use your bell it takes over 5 minutes if everyone is upstairs". A relative told us "There's not always someone in the lounge area. They have had a huge changeover of staff in the last couple of months and it's a shame as people like mum with poor memory don't know who is who. We keep asking for staff to wear name badges". From a residents meeting in May 2015 people raised concerns that they felt care staff were often in a rush and they would like more time spent with them.

We reviewed the previous four weeks' staff rotas and saw that during the day there was one registered nurse, six care assistants, one housekeeper and one chef on duty. The rotas we reviewed reflected the levels which we observed on the day of our inspection.

At night there was one registered nurse and two care assistants. The manager advised that staffing levels were decided using the dependency scoring tool which the registered nurse completed. We were told if the care residents required changed, this was reflected in the staffing levels. The dependency assessment was completed on admission and reviewed monthly. The assessment and review procedure was in place but was not used effectively. Each month it was dated and signed but changes within the individual score did not lead to alterations to people's care records.

The monthly audit on staffing levels in the home showed that recording of dependency levels was inconsistent and changes were not always made to reflect the increased care people required. The accidents monthly audit form showed that the number of accidents within the home doubled from October 2014 to December 2014. In this same period the monthly falls audit showed that the number of falls within the home increased from fourteen falls in October 2014 to twenty six falls in December 2014. However the staffing levels audit did not link this data to staffing levels and there had been no consideration as to whether levels should be increased as a result.

Staffing levels within the home were not adapted to respond to the changing needs of people. This is a breach of Regulation 18 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.



## Is the service safe?

People told us they felt safe living at the home. One person said, “I’m happy and safe thank you” and another resident advised that, “On the whole yes I feel safe here”. The West Sussex County Council safeguarding policy was available in the nurses station and a copy was available at the entrance to the home. People were protected by staff who knew how to recognise the signs of possible abuse. Staff felt that reports of suspected abuse would be taken seriously and knew who to contact externally should they feel their concerns had not been dealt with appropriately. Staff were able to identify a range of types of abuse including physical, financial and verbal. Staff were aware of their responsibilities in relation to keeping people safe and told us they had recently undertaken training in whistleblowing and safeguarding adults. Records of staff training confirmed this. Staff said that they felt comfortable referring any concerns they had to the manager if needed. One member of staff told us, “yes, I would be comfortable speaking with the manager about any concerns I had about abuse”.

Policies and procedures were in place to ensure the safe ordering, administration, storage and disposal of medicines. Medicines were managed, stored, given to people as prescribed and disposed of safely. We observed a medicine round and saw that the staff who administered medicines did this safely. Staff confirmed that they were confident and understood the importance of this role. Medicines Administration records (MAR) were in place and had been correctly completed. Medicines were locked away as appropriate and where refrigeration was required, temperatures had been logged and fell within guidelines that ensured effectiveness of the medicines was maintained. At the time of the inspection there were no covert medicines being administered and nobody was administering their own medicines.

Medicines were stored appropriately. Only trained staff administered medicines. The manager completed an observation of staff to ensure they were competent in the

administration of medicines. One member of staff told us that the manager, “Came round and watched as I administered medicines”. There was an up to date policy in place for the management of medicines including controlled drugs.

Staff knew how people liked their medicines by speaking with people and getting to know their preferences. We observed people being offered a choice of drinks with their medicines and taking medicines from a pot or from a spoon depending on their preference.

Medicines audits were completed monthly. There was also a weekly night check. We carried out a random check of the medicines and they matched the records kept.

On the first day of our inspection we saw a British Gas notice warning that a boiler was not safe to use, this was dated 10 April 2015. On the second day of our inspection the British Gas engineer arrived and advised that the boiler had been repaired.

Safe recruitment practices were in place and records showed appropriate checks had been undertaken before staff began work. Disclosure and Barring Service checks (DBS) had been requested and were present in all checked records. Staff files contained evidence to show, where necessary, staff were registered with appropriate professional bodies such as the Nursing and Midwifery Council. The Nursing and Midwifery Council regulate nursing staff and ensure professional standards.

Risk assessments were in place to identify individual risks and keep people safe. Where someone was identified as being at risk we saw that actions were identified on how to reduce the risk and referrals were made to health professionals as required. For example Waterlow assessments had been completed which measured and evaluated the risk of people developing pressure ulcers and how staff should monitor and mitigate this risk.



# Is the service effective?

## Our findings

The Mental Capacity Act 2005 provides a legal framework for acting and making decisions on behalf of people who lack the mental capacity to make particular decisions for themselves.

The Care Quality Commission (CQC) monitors the operation of the Deprivation of Liberty Safeguards (DoLS) which applies to care homes. These safeguards protect the rights of people using services by ensuring if there are any restrictions to their freedom and liberty, these have been authorised by the local authority as being required to protect the person from harm.

We looked at eight people's care records and saw that a mental health assessment was completed on admissions and reviewed monthly. This did not consider people's mental capacity and their ability to consent to care. The manager told us that she had not made applications for any of the residents and that she "may need to go through the residents and decide if anyone needs a Deprivation of Liberty application". Action was not taken when people were thought to lack capacity to consent. As a result people's legal rights may not have been upheld. The home's December 2014 safeguarding audit identified that residents with cognitive impairments may require Deprivation of Liberty authorisations. This was identified again at the April 2015 audit. No action had been taken to address this gap. The manager stated that DoLS applications may be needed for people and had not yet been applied for.

Staff lacked an understanding on the main principles of the Mental Capacity Act. The manager had some understanding of the Mental Capacity Act and how this applied to the care people receive but not enough to ensure that people's rights were upheld. Mental Capacity and DoLS training was completed in 2015 by all staff but has not been embedded into practice.

The provider had not acted in accordance with the Mental Capacity Act 2005 in relation to obtaining lawful consent. This was a breach of Regulation 11 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

There were no formal processes for actively involving people in making decisions about their care and treatment but people told us that they exercised a degree of choice throughout the day. Staff obtained verbal consent from people when delivering daily care.

People's nutritional needs and preferences were not consistently met. We spoke with a member of catering staff who advised that on the day of inspection there were no residents who required fortified meals. She stated that, "I do these for those losing weight. I am not having to do them for anyone specific at the moment. I fortify soups with cream and full fat milk". When reviewing care records we identified one person who was at risk of malnutrition, the desired outcome was to prevent further weight loss and promote weight gain. The information which the catering staff held in relation to dietary needs and preferences contained some useful information but was limited.

A new person had recently moved in and their preferences card was blank. We spoke with a friend of this person who stated that, "If you don't take time to listen to her she won't eat. She likes tomato soup, no butter on toast and the crusts cut off. We mentioned this to the staff last week and nothing has improved so we told staff we will print her likes and dislikes and bring them in".

The manager told us that new residents would have a pre-admission assessment which detailed likes and dislikes before they moved in and this would inform the kitchen preference cards. During our lunchtime observation we saw a person had left half of their meal. Staff said, "Try to eat some more." When the person replied, "No it's not very tasteful" the response was, "Oh well make sure you eat your pudding". No alternatives were offered to encourage the person to eat more. In contrast, one relative told us "The only pudding she doesn't like is chocolate pudding. Staff know this and always offer an alternative". Staff gave inconsistent consideration to people's individual likes and dislikes.

Staff were inconsistent in the support offered to people. While serving the meals we heard staff offer assistance to people. For example, asking "Would you like me to cut your pie?" and "Would you like mustard?". We also observed two people struggling to use their fork and eat their meal. Support was not offered and adapted cutlery was not

## Is the service effective?

made available. We spoke with the catering staff about adapted cutlery and they stated that “No one currently needs these”. Once the meal had been served staff did not stay in the dining room to offer assistance to people.

**We recommend that the provider give further consideration to people’s individual choices and preferences in relation to meals provided as well as variations in support people required to eat their meals independently.**

Dietary needs and nutritional requirements had been assessed and recorded. Weight charts were seen and had been completed appropriately on a monthly basis. The Malnutrition Universal Screening Tool (MUST) tool was used to promote best practice and identified if a person was malnourished or at risk of becoming malnourished. People who were at risk were weighed on a monthly basis and referrals or advice was sought where people were identified as being at risk. People’s hydration needs were met. We observed people’s water jugs in bedrooms being filled up, a choice of water and squash drinks were available in the lounge and people were offered tea and coffee throughout the day.

We observed the lunchtime experience in the dining rooms. During lunchtime people were offered a choice of where they would like to have their meal, some chose to eat in the main dining room and others chose to eat in the family dining room. The atmosphere in the dining room was very quiet and there were no conversations between people. Tablecloths and artificial flowers were on the tables and condiments were available for people to use. Staff offered people a choice of cold drinks and some residents chose to have a glass of wine. People were served a choice of meals, these choices were also displayed on the dining room menu. Once the meal was finished staff came back into the dining room and offered people more drinks.

There was a formal supervision and appraisal process in place for staff. Staff confirmed that they had regular supervision and found this supportive. One member of staff told us, “I find supervision helpful, we discuss working together as a team and changes to peoples care records”. A new member of staff told us “There’s a lot of support. The owner has given me her phone number to call if there are any problems”.

The home’s 2015 training plan identified mandatory training and additional training which staff could attend.

Staff advised that they completed a two day induction on their first two days at the home, this involved them shadowing a more experienced member of staff. The induction for care assistants included meeting residents, becoming familiarised with the home’s ethos of care and people’s care plans. In addition the nursing induction focused on issues relating to prevention of pressure ulcers, wound care, dementia care and infection control. Staff stated that they were happy with their induction. A member of staff told us they shadowed a more experienced member of staff while they worked and on the second day the new staff member carried out the tasks while the other member of staff observed. Staff also advised that if they worked nights they had a one night induction. The manager told us the day following the two day induction she would discuss with staff any gaps in their knowledge and what additional training they may require.

Staff had undertaken training to ensure they had the skills and competencies to meet people’s needs, but some areas of training had not been embedded into staff practice. Mental Capacity and DoLs training was completed in 2015 by all staff but we found that knowledge and principles of MCA have not been embedded into practice. All staff also completed infection control training in February and March 2015 but we found that infection prevention was not consistently safe and staff did not have a clear understanding of their role in this.

**We recommend the provider should consider exploring and implementing a nationally recognised induction program to ensure consistent staff understanding and practice.**

People were supported to maintain good health and had access to health professionals. Staff had regular contact with people’s GPs and other health care professionals. A person’s relative told us, “They got the doctor in straight away when they were concerned, they are good like that”. When people received end of life care staff ensured that they had access to specialist advice from the local hospice. Chiropody was also a regular service that was provided.

Where appropriate people had a Do Not Attempt Resuscitation (DNAR) orders in place at the front of their care plan. A DNAR is a legal order which tells medical professionals not to perform CPR on a person. Staff ensured regular contact with the staff at the local hospice to ensure that people’s end of life care needs and wishes were being met.

## Is the service effective?

People's rooms were personalised with possessions such as paintings, photographs and bedding. However the design of the service had not been planned with people living with dementia in mind as there was a lack of signage in the building to help people orientate themselves.

# Is the service caring?

## Our findings

People provided mixed feedback about the caring approach of staff.

One person told us, “The male nurses I don’t like, they’re very heavy handed, tend to be a bit rough and heavy handed. One though he’s first class, he’s the only one I really trust. I told the manager, she said they are all very busy doing umpteen jobs”. Two people had commented at the residents’ meeting in May 2015 about staff introducing themselves and spending more time with people. Another person told us, “I’ve been here four weeks, I’m not happy”. We asked if they had spoke with staff and they replied “Everyone, they don’t listen.”

However one person told us, “It’s very nice here, excellent, we are well looked after. The people are friendly and the atmosphere is nice”. We observed staff checking people were happy, people were heard laughing with staff although the time staff had to sit and enjoy people’s company was limited.

People were not consistently involved in day to day decisions. We observed staff offered a drink to a person who shook his head and the member of staff continued to fill his glass. Staff did not listen and respond to the choice the person made. On another occasion people were involved in the decision about when they received care and staff respected their choice on how they spent their time. One relative told us “they give mum a bath on a Thursday morning. This is a reflection of what she did at home. Staff offer to take mum for a walk around the garden but she prefers to stay in”.

We spoke with a person who appeared frightened and who said that they were worried about their eyesight and going blind. With consent from the person we spoke with a staff member who did not acknowledge that the person was frightened and that an appointment with a healthcare professional might be needed. The member of staff did not give any reassurance to the person. This was followed up with the manager on the day of our inspection.

During the lunchtime meal staff put aprons on each person to protect their clothes. We did not see evidence that consideration was given to whether people needed to wear a apron to protect their clothing. This did not promote people’s dignity.

The above evidence demonstrates that people were not always treated with dignity and respect. This is a breach of Regulation 10 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

Throughout our inspection we observed that people’s hair was brushed, that they were wearing glasses, hearing aids were in place and watches were set at the correct time.

We observed staff maintained people’s privacy. We saw and heard staff knocked before entering people’s bedrooms. At times we saw staff knelt down when talking to people so that they were at the same eye level. Staff told us that they maintained people’s dignity by, “Knocking on people’s doors before entering, speak with people and explaining what you’re going to do. Also making sure the curtains are closed and putting the do not disturb sign on the door”. Another member of staff told us about their approach if people became upset. They said, “You try to encourage them to tell you what they want and what you can do to make them more comfortable. You would check their care plan to see if there might be a reason they are upset”.

We spent time observing care practices in the communal area of the home. Through both inspection days we saw and heard staff knocking before entering people’s bedrooms. At times staff took time to speak to people as they supported them. At the end of lunchtime we observed a staff member ask about the meal “was it nice, are you ready for pudding?”

Friends and family were able to visit without unnecessary restriction. A relative said, “As for visitors they always ask if we want a drink and we can eat with mum if we wanted. They are very polite”. Family and friends were able to share Sunday lunch with people.

# Is the service responsive?

## Our findings

People did not always receive personalised care that was responsive to their needs. Care records detailed health and task based activities such as pressure area care, moving and handling, assistance with person care and nutrition. They contained little detail about the person's history and how they wished their care to be delivered. Information such as people's food preferences and likes and dislikes was not consistently documented. Prior to admission an assessment of people's needs was completed which covered details of the person's physical and social needs. Staff told us that when people moved to the home "We have seven days to do the care plan. We show the family the care plan and they can add anything in." The manager told us "we do a re-admission assessment one or two days before someone moves in. We try to involve family in discussions about care". We saw limited evidence that people's views were obtained or that people had been supported to be involved in the care and treatment they received. Care records were reviewed monthly by the registered nurse. We spoke with staff about how care plans were reviewed and they told us they "speak with the carers and ask if anything has changed". A care plan we checked showed that an eating and drinking assessment had been updated in January 2015 which identified that the person was at risk of malnutrition. The additional support which the person required was detailed, their weight was recorded monthly and a MUST review was in place. A MUST is a malnutrition universal screening tool which is used to identify people who may be at risk of malnutrition.

The manager advised that they were in the process of collecting life history information from relatives which would be used to inform care plans. There was little evidence that the life history information which had been gathered was being used to inform the care plan and support which people received. A care documentation audit was completed quarterly and the purpose was to ensure that the documentation reflected people's choices and links to elements of life story where possible. It also checked that the records evidence the involvement of people and those closest to them throughout. The April 2015 stated that they were compliant on these elements which was contrary to our findings. When we checked records we saw limited evidence that people had been consulted on how they would like to receive their care or that life history informed the care people received.

The manager told us that there was no activities co-ordinator in post and that care staff arranged activities for people. People were not consistently supported to follow their interests and take part in social activities. There was a lack of activities or opportunities for people to be occupied in a meaningful way and in line with their interests. One person's care plan stated that they enjoyed jazz and poetry. There was no evidence that these interest had been incorporated into activities which were available to them.

The activities board stated that on the first day of inspection the planned activities were reading, poetry and bingo in the afternoon. On the first day of our inspection we did not observe people taking part in any activities. We spoke with staff who advised that one person had taken part in painting. When we spoke with this person they advised that they had been given a colouring book to enjoy. On the second day of our inspection we saw six people taking part in a game of bingo with a member of staff. People seemed to be enjoying this; laughing and talking with the staff. We spoke with a relative who said "they have days where they do a bit of bingo but I don't think they do enough". There were people who were unable to take part in the activities in the lounge and spent their day in their bedroom. We did not observe any activities being offered to these people. A lack of stimulating and meaningful activities for people living with dementia placed them at risk of isolation, withdrawal and low mood. This aspect of people's care had not been considered or delivered consistently.

The above evidence demonstrates that people's care and treatment did not reflect their preferences or needs. In addition people and their representatives had not been enabled to be involved in the planning of their care and treatment. This is a breach of Regulation 9 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

Two people were supported and encouraged to maintain links with the community to help ensure they were not socially isolated. We spoke with one person with an interest in painting. Their room contained several books on art and painting and their own paintings were displayed on their bedroom walls. The manager advised that they were arranging for two young people with an interest in painting to visit the home and paint with this person and another person who was interested in painting. A member of staff

## Is the service responsive?

told us that one person goes out by taxi once every other week to the shops in the local town. We spoke with a relative who said “It’s a shame they can’t go out more often. It would be nice to go out in a chair for a walk near the seafront now and again”.

Daily care records contained information on people’s health and at the shift handover up to date information was shared regarding people’s needs and follow up action was also discussed.

Following feedback from health care professionals the manager had implemented daily care notes. These detailed the personal care tasks, air mattress checks and nightly checks which had been completed. The daily records were up to date and signed on completion of tasks. We reviewed these records and found inconsistent recording. The manager asked that a person be observed every four hours and the outcome of the observation was to be recorded. The records showed that the person’s observations were not recorded four hourly. On one occasion the observations were not recorded for 15 hours.

People and their relatives knew who to contact if they need to raise a concern or make a complaint. The provider had a policy and procedure in place for dealing with concerns or complaints. At a residents’ meeting in May 2015, the complaints procedure was explained to people to ensure they were aware of how to raise a concern. The minutes of the meeting stated, ‘the residents were in the dining room so I went to every table and held mini meetings with no more than four residents at a time. I checked people were aware of the complaints policy and procedures and that they understood the term safeguarding’. Information on how to complain was also included in the service users’ guide given to people when they moved in.

People’s views were sought through residents’ meeting and also relatives’ meetings. A suggestion was made that dates for hair and chiropody appointments were displayed in the lounge. From our observations this had been followed up and a note of times and dates was displayed on the activities board.



# Is the service well-led?

## Our findings

We found that the service was not consistently well led. There had not been a registered manager in post since July 2014. The current manager was employed in May 2015 but had not yet applied to register.

A range of quality assurance audits were completed by the manager to help ensure quality standards were maintained and legislation complied with. These included audits of falls, medication, care records, activities and care documentation. While these audits were completed they had not identified trends and concerns and therefore necessary improvements to the service had not been made. For example, the issues we found at this inspection related to infection control, accidents and falls, lawful consent and person-centred care had not been identified or addressed as part of the provider's quality monitoring. This meant that systems for auditing were not effective in improving the care and support which people received. People's experiences were not always taken into account consistently to drive improvements to the service. From a residents meeting in May 2015 people raised concerns that they felt care staff were often in a rush and they would like more time spent with them. We spoke with people and their relatives and this issue had not been addressed as people and their relatives felt that staff did not have enough time. No action had been taken to resolve this concern since it was raised at the meeting.

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

We spoke with a person's relative who said they had met the manager and they felt that they were approachable. "We have had a bit of contact, she came in this morning. I came to a relatives meeting and found out that my relative could have a phone in his room. I didn't know that before". Staff confirmed that they felt the manager was approachable and that they could speak with her when they had a concern. One new member of staff gave an example of an improvement to the call bell system they suggested which the manager accepted and actioned.

The provider asked people and relatives for feedback on their satisfaction with the service. We reviewed the December 2014 report and the results of this survey which had 37 responses. We noted that 94% had scored the overall impression of the home as good or excellent. For

meals and menu 62% scored as good or excellent and suggestion made for improvements were more choice on the menu. There were two choices available on the day of inspection.

The home asked visiting healthcare professionals for their views on the service in December 2014. Comments on the questionnaires said 'staff know the customers needs very well' and 'the manager does take on board any issues raised and I believe follow these up'.

The home's policy stated that staff should receive supervision six times a year. Supervision records showed us that staff were receiving supervision. In the absence of a manager this was carried out by the provider. Staff told us that they had supervision with the manager and that they "found this helpful". Staff told us that they felt able to raise concerns or issues with the manager. One staff member said "I would feel comfortable speaking with the manger about any concerns, she is easy to speak to". Comments card requesting people's feedback were available in the reception. The manager told us that staff were also encouraged to complete these.

We spoke with the manager about the visions and values of the home. They said that these were to "Promote a homely atmosphere, promote independence and for staff to respect dignity and privacy. The ethos is that it should be a home from home". From our observations this ethos was not yet embedded in the home. They also told us that they are "Passionate about residents and them having the best care". The manager told us that they monitored standards of care by walking around the building, to check that staff were maintaining people's dignity and privacy and that they have enough to drink. There was currently no deputy manager in post and the provider now meets with the manager once a week to discuss any concerns.

When asked if there was anything they were proud of achieving at the home the manager stated, "In medicines we brought in a protocol to measure ketones". Ketones are a poisonous chemical which can build up and if left unchecked can cause health problems for people with diabetes. The home now monitors the ketone levels of people with diabetes to ensure that they respond to an increase in these levels.

The manager also told us she was proud that from an infection control audit she identified that new soap dispensers were needed. She arranged a new fortnightly



## Is the service well-led?

contract with a supply company for soap dispensers and general cleaning products. She feels this has improved the cleanliness of the home and residents have commented that there is a nicer smell in the home.

The manager had planned to attend additional training to allow her to train staff in moving and handling this would allow her to give staff prompt training on 1-1 basis. This would to ensure that staff receive the training they require to meet people's needs

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	Regulation 9 HSCA (RA) Regulations 2014 Person-centred care
Treatment of disease, disorder or injury	<b>The registered person had not ensured that the care and treatment of service users had met their needs and reflected their preferences. Relevant persons had not been enabled to participate in making decisions relating to care and treatment. Regulation 9(1)(b)(c)(d)</b>

Regulated activity	Regulation
Accommodation for persons who require nursing or personal care	Regulation 10 HSCA (RA) Regulations 2014 Dignity and respect
Treatment of disease, disorder or injury	<b>The registered person had not ensured that service users were treated with dignity and respect. Regulation 10(1)</b>

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	<b>Care and treatment had not been provided with consent of the relevant person because the registered person had not acted in accordance with the 2005 Act. Regulation 11(1)(3).</b>

Regulated activity	Regulation
Accommodation for persons who require nursing or personal care	Regulation 12 HSCA 2008 (Regulated Activities) Regulations 2010 Cleanliness and infection control
Treatment of disease, disorder or injury	<b>The registered person had not assessed the risks to health and safety of service users and do all that is reasonably practicable to mitigate any such risks. The registered person had not assessed the risk of, and</b>

This section is primarily information for the provider

## Action we have told the provider to take

preventing, detecting and controlling the spread of infections, including those that are health care associated. The registered person had not ensured the safety of the premises. Regulation 12(1)(2)(a)(b)(d)(h)

### Regulated activity

Accommodation for persons who require nursing or personal care

Treatment of disease, disorder or injury

### Regulation

Regulation 17 HSCA (RA) Regulations 2014 Good governance

The registered person had not ensured that systems and processes enabled the registered person to assess, monitor and improve the quality and safety of the services provided in the carrying on of regulated activity (including the quality of the experience of service users in receiving those services). Regulation 17 (2)(a)

### Regulated activity

Accommodation for persons who require nursing or personal care

Treatment of disease, disorder or injury

### Regulation

Regulation 18 HSCA (RA) Regulations 2014 Staffing

The registered person had not ensured that sufficient numbers of suitably qualified persons were deployed in order to meet the requirements. Regulation 18(1).