Victoria Care Home (Burnley) Limited

The Victoria Residential Home

Inspection report

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Ratings

Overall rating for this service	Requires Improvement

Is the service safe?	**Inadequate**
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**

Summary of findings

Overall summary

We carried out an inspection of The Victoria Residential Home on 6 and 7 June 2017. The first day was unannounced.

The Victoria Residential Home is registered to provide accommodation and personal care for up to 48 older people. The home is a converted hospital set in its own grounds within a close distance of Burnley town centre. Accommodation is provided on three floors, however at the time of the visit there was no one living on the top floor. The ground floor provides personal care for older people and the first floor provides care for people living with dementia. The home is spacious and has car parking facilities at the front of the building. At the time of the inspection there were 32 people living in the home.

The service was managed by a registered manager. 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.

On our last inspection on 14 and 15 July 2015, we found one breach of the regulations. This was because the information in people's care plans was brief and lacked detail. Following the inspection, the provider sent us an action plan which set out the action they were taking to meet the regulation. During this inspection, we found some improvements had been made and the registered manager had implemented a new care planning system. However, we also found a number of shortfalls in the management of medicines, the deployment of staff, the levels of cleanliness and the maintenance of records. You can see what action we told the provider to take at the back of the full version of the report. Full information about CQC's regulatory response to any concern found during inspections is added to reports after any representations and appeals have concluded. We also made recommendations about the implementation of the Mental Capacity Act 2005, improving some aspects of the internal and external environment and ensuring evidence is available to demonstrate the quality monitoring checks undertaken by the provider.

People told us they felt safe and staff were kind and caring. Safeguarding adults' procedures were in place and staff understood how to safeguard people from abuse. Individual risks had been assessed and documented; however, we found information from the risk assessments was not always reflected in people's care plans. This is important to ensure staff have accurate information about people's current needs. Since our last inspection, the registered manager had introduced a new care planning system. We noted that wherever possible people had been involved in planning their care.

There were shortfalls in the management of medicines. We noted medicines were not always stored, administered and disposed of appropriately.

We noted there were insufficient staff deployed on the ground floor in order to meet people's needs in a timely manner. The provider followed a robust recruitment procedure for the appointment of new staff. Staff

were supported in their roles via a system of training, supervision and appraisal. All staff had the opportunity to attend meetings and provide feedback on the service. Staff spoken with told us they were well supported and had confidence in the registered manager.

Mental capacity assessments had been carried out and the registered manager had submitted Deprivation of Liberty Safeguard applications to the supervisory body. However, we found the assessments were not always person centred and lacked information about specific decisions.

Some areas of the premises and equipment did not have an acceptable level of cleanliness.

We observed people did not always receive appropriate support at meal times and people had mixed views on the quality of the food. The meal served on the day of the inspection looked hot and the portions were ample. People were asked if they wanted second helpings.

Staff adopted a kind and caring approach to people and respected their rights to privacy. People were supported to build and maintain their independence skills. There were no restrictions placed on visitors and they were made welcome in the home.

There was a complaints process in place and people were confident their concerns would be listened to and acted upon.

The registered manager used a number of ways to assess and monitor the quality of the service, which included feedback from people, their relatives and staff; however we found a number of shortfalls across the operation of the service. The nominated individual supported the registered manager and visited the home on a frequent basis. However, we saw no evidence to demonstrate what assessment and monitoring had been carried out by the nominated individual or his representative during their visits to ensure the service was meeting regulatory requirements. The registered manager was forward thinking and told us she was committed to making improvements to the service.

The five questions we ask about services and what we found

We always ask the following five questions of services.

Is the service safe?

Inadequate

The service was not safe.

Whilst people felt safe in the home, there were not enough care staff deployed on the ground floor in order to meet people's needs in a timely manner.

Not all equipment and areas of the home had a satisfactory level of cleanliness.

People were not adequately protected against the risks associated with the unsafe management of medicines.

Individual risk assessments had been carried out; however, important information from the risk assessments was not always reflected in people's care plans.

Appropriate recruitment practices were followed. Staff were able to describe the action they would take if they witnessed or suspected any abusive or neglectful practice.

Is the service effective?

Requires Improvement

The service was not always effective.

Staff were appropriately supported by the registered manager by means of relevant training, regular supervision and an annual appraisal.

People had varied views about the quality of the food. People were not always appropriately supported during mealtimes.

Some aspects of the internal and external environment needed further improvement.

Assessments of people's capacity to make decisions about their care and treatment had been undertaken, however, these were not always person centred and decision specific.

People had access to appropriate healthcare services.

Is the service caring?

Requires Improvement

The service was not consistently caring.

Some information provided to people in the service user guide was inaccurate and incorrect.

People were involved in day to day decisions and were supported to build and maintain their independence skills.

Staff respected people's rights to privacy and dignity.

Is the service responsive?

Requires Improvement

The service was not always responsive.

People's individual care needs and preferences had been assessed and recorded. However, important information from people's risk assessments had not always been transferred to their care plans.

There was an activity planner in place and people were offered the opportunity to go on regular trips.

There were systems in place to record and investigate complaints.

Is the service well-led?

Requires Improvement

The service was not always well led.

There were systems in place to assess and monitor the quality of the service, which included seeking feedback from people living in the home, their relatives and the staff. However, we found shortfalls in several aspects of the operation of the service.

The home had a manager registered with the Commission. All people and staff were complimentary about the management of the service.

The Victoria Residential Home

Detailed findings

Background to this inspection

We carried out this inspection under Section 60 of the Health and Social Care Act 2008 as part of our regulatory functions. This inspection checked 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 Victoria Residential Home on 6 and 7 June 2017. The inspection was carried out by one adult care inspector, a specialist professional advisor in pharmaceuticals, a specialist professional advisor in the care of people living with dementia and expert by experience on the first day and one adult care inspector on the second day. An expert-by-experience is a person who has personal experience of using or caring for someone who uses this type of care service.

The provider completed a Provider Information Return (PIR) before our inspection in May 2017. This is a form the provider completes to give some key information about the home, what the home does well and improvements they plan to make. The provider returned the PIR within the agreed timeframe and we took the information provided into account when we made the judgements in this report.

In preparation for our visit, we also reviewed information that we held about the home such as notifications (events which happened in the home that the provider is required to tell us about) and information that had been sent to us by other agencies.

During our inspection, we spent time observing how staff provided support for people to help us better understand their experiences of the care they received. We spoke with ten people living in the home and two visiting relatives. We also spoke with three members of staff, the administrator, an agency cook, a member of the cleaning team, the independent consultant, nominated individual and the registered manager.

We looked at a sample of records including 12 people's care plans and other associated documentation,

two staff recruitment files, induction records, staff rotas, training and supervision records, minutes from meetings, complaints records, 16 medicines administration records (MARs), audits, action plans, policies and procedures, service certificates and quality assurance records.

Following the inspection the registered manager sent us updates on the action taken since the inspection.

Inadequate

Is the service safe?

Our findings

People told us they felt safe living in the home. One person told us, "The staff are very nice and kind" and another person commented, "I have no problems, I enjoy living here." These comments were supported by relatives visiting the home. One relative said, "I find the home really good. The staff are very helpful and kind." During the inspection we observed people were comfortable around staff and seemed happy when staff approached them.

At our last inspection we recommended the provider consider recognised guidance on medicines management. During this inspection, we looked at how the service managed people's medicines and found a number of concerns.

Medicines were stored securely in a locked treatment room on each floor and access was restricted to authorised staff. We saw the temperature of the rooms was monitored on a daily basis. However, we noted records were made of the current temperature check rather than a maximum and minimum temperature. We found the temperature of the ground floor treatment room had been running in excess of 25 degrees for approximately a month. This meant there was a risk of the medicines not working in the way they were intended. There was no evidence of action taken, although the issue had been identified previously in audits and there was a plan to increase the ventilation of the room.

We found two medicines requiring refrigeration had been left on the counter top in the treatment room and two items needing storage at room temperature had been stored in the fridge. This meant the safety and effectiveness of the medicines could have been affected. Additionally we found one box of tablets in current stocks which had expired in January 2017 and liquid medicines did not consistently have the date of opening on the bottle. We saw there was no policy available for the expiry of liquid medicines, creams and eye drops once opened.

We observed the administration of six people's medicines on the first day of the inspection. We saw that medicines stored in the treatment room were not given at the same time as medicines administered from blister packs. For instance one person requested an analgesic medicine which was not provided at the same time as their other medicines. One person required their medicines administering at 8 am in order to control the symptoms of their medical condition. However, we found the person had still not been given this medicine by 10 am. We spoke with the person and they confirmed the delay had impacted on their condition and well-being. We further noted another person had not been given a dose of their antibiotic medicine by 10 am and a medicine specifically prescribed to be administered before food was given to people with their breakfast.

We looked at 16 people's medicines administration records which were legible and well presented. However, we found there were two occasions were staff had omitted to sign the record and there were no records of people being prompted for pain relief or the use of thickening powders.

We saw that arrangements for dealing with waste medication were not safe or effective. There were

medicines to be disposed of on the floor in the treatment room and there were several containers with loose tablets not taken by people over the course of a month which had not been processed. This was contrary to the provider's policy for the disposal of medicines. We also saw there was a capsule of medication in the bottom of a plastic cup from an earlier medicines round, however, there was no note to the staff on duty about the action taken and who the medicine belonged to.

We looked at the arrangements in place for the management of controlled drugs which were medicines which may be at risk of misuse. We found there was a discrepancy in the register for one drug. On investigation the registered manager explained the medicines had been dispensed by the district nurses. However, there was no administration record available in the home or record of administration in the controlled drugs register. Stock checks had not been taken weekly in line with the home's policy. This meant the discrepancy had not been detected. We further noted the controlled drugs register had evidence of records being added retrospectively in between other records and had examples of cancellations and omissions. This was contrary to good practice guidelines.

Our findings demonstrated the provider had failed to protect people against the risks associated with the unsafe use and management of medicines. This was a breach of Regulation 12 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

Senior staff designated to administer medicines completed training and had their competency assessed prior to handling people's medicines.

Following the inspection, the registered manager informed us she had met with the supplying pharmacy with the aim of finding ways to reduce the time taken to administer people's medicines in a morning. She also sent us a template to be implemented as a daily medicines audit and a template for people's medicines profiles. We will check improvements made to the management of medicines at our next inspection.

We looked at how the provider managed the deployment of staff. We found particular concerns with the staffing levels on the ground floor. People, staff and a health care professional all raised issues about the level of staffing. For example, one person told us, "The staff do what they can, but they are very short staffed and we have to wait for things" and another person said, "I sometimes have to wait a long time, but I know the staff are busy." Similarly, a healthcare professional commented, "The staff work so hard, but there is just not enough of them."

On the first day of the inspection, a person told us they were in pain and wanted to lie on their bed, they said, "It stops the pain when I'm in bed." They pressed the call bell and asked a member of staff to assist them to bed. The staff member replied, "Sorry lovey too busy, there's only two us, we'll come back." We checked back with the person at regular intervals. Approximately two and half hours later the person was still sat in their wheelchair and told us they had also been waiting to go to the toilet for "About an hour." As we left the room the staff arrived to assist the person. Another person told us they were waiting for a drink with their lunch. We noted a drink was given to the person approximately an hour and a quarter later. We also observed people sat in the dining room waiting for their lunch. A person living in the home was asking them if they wanted a drink.

We observed a member of staff running up and down the corridor on the ground floor trying to answer call bells and meet people's needs. The staff member who was due to go off duty stayed an extra 50 minutes as they were concerned about the number of staff. Other staff were concerned as they were not able to take a break.

The provider had failed to deploy sufficient numbers of suitably qualified and experienced staff on the ground floor to meet people's needs. This was a breach of regulation 18 of Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

Following the inspection the registered manager informed she had commenced an analysis of the staffing levels on the ground floor.

The home had a rota which identified which staff were on duty during the day and night. We saw this was updated and changed in response to staff absence. The rota was also colour coded to highlight new recruits, sickness and training. Agency staff were used in the home where necessary. We were told the agency staff used had previous experience of working at the home. This ensured people were looked after by staff who were familiar with their needs. Staff told us it was sometimes difficult working with agency staff because they "Had to explain everything." The registered manager told us that new staff had been recruited and she anticipated the number of agency staff would be greatly reduced in the near future. She also informed us that the level of staff was determined by the number of people and their level of dependency.

We saw there was an appropriate number of staff deployed on the first floor to meet people's needs in a timely manner. In addition to care staff, the provider employed management, laundry, maintenance, cooking, activities, administrative and cleaning staff. Staff spoken with told us they worked well together as a team.

We looked at the arrangements for keeping the service clean and hygienic. We asked people for their views on the levels of cleanliness in the home. One person told us, "Could be better, just recently it's hit and miss, bins haven't been emptied and they've left a plate there." We noted there was a plate of toast from breakfast on the on the window sill which had not been moved by 12.15pm.

We did not look at all areas however; we found some areas of the home were not clean. For instance we saw toilets had not been properly cleaned between uses and the showering equipment used to assist people living on the first floor was unclean. The covering on the shower hose in the wet room on the first floor was damaged and could not be cleaned properly and there was no seat on the toilet, which was also in this room. The toilet on the ground floor along with the cistern and walls had not been cleaned properly. The cleaning staff had signed the check sheet at 11.40 am the previous day. There was no provision on the sheet for further signing. We returned to the toilet at 1.30 pm to find it was in the same condition. The peddle bin was small and was full of paper towels. We noted the peddle bin was changed for a larger bin on the second day of the visit.

People were given plastic disposable cups with a drink of water to help them take their medicines. However, we found the cups were rinsed and reused. We found drops of water in the cups looked at during the inspection. This meant there was a risk of bacterial growth in the ridges of the cups if these were left at room temperature for an extended period.

We noted protective personal equipment such as disposable gloves and aprons were available. However, staff did not always use the equipment when assisting people with their dietary needs.

The provider had failed to keep all areas of the premises and equipment clean. This was a breach of Regulation 15 of the Health and Social Care Act Regulations 2014.

We discussed the level of cleanliness with the registered manager during the inspection and immediate arrangements were made to resolve the matters. However, we would have expected these issues to be

addressed without our intervention. Following the inspection the registered manager sent us a revised toilet cleaning schedule.

At our last inspection, we recommended the provider ensure people did not use wheel chairs belonging to other people. During this inspection, we found no evidence to indicate people were using other people's wheelchairs.

We saw there were cleaning schedules in place and staff had signed to indicate when a task had been completed. We also noted an infection control audit had been carried out. We noted staff hand washing facilities, such as liquid soap and paper towels were available in areas of the home. This ensured staff were able to wash their hands before and after delivering care to help prevent the spread of infection. There were contractual arrangements for the safe disposal of waste.

We looked at how the provider managed risk. We saw individual risks had been assessed and recorded. Risks people might experience included those relating to restricted mobility, falls, skin integrity and nutritional needs. However, we found information in people's care plans was not always reflective of their risk assessments. For instance, one person's risk assessment highlighted the need for four hourly pressure relief; however, this was not documented in their care plan. We also saw this person was assessed as very high risk of skin breakdown, but this was not recorded on their care plan. Whilst there was evidence to indicate the person was receiving pressure relief care, it is important that essential information about a person's care is recorded in their plan. We saw evidence to indicate the risk assessments were reviewed and updated on a monthly basis or in line with people's changing needs.

General risk assessments had been carried out to assess risks associated with the home environment. These covered such areas as fire safety, the use of equipment, infection control and the management of hazardous substances. The risk assessments were reviewed on an annual basis unless there was a change of circumstance.

We saw there was a business continuity plan in place to respond to any emergencies that might arise during the daily operation of the home. This set out emergency plans for the continuity of the service in the event of adverse events such as loss of power or severe weather. Arrangements were in place if an emergency evacuation of the home was needed. People had personal emergency evacuation plans (PEEPs) which recorded information about their mobility and responsiveness in the event of a fire alarm.

We looked at records kept in relation to any accidents or incidents that had occurred at the service. The registered manager informed us she checked and investigated all accident and incident records to make sure that any responses were effective and to see if any changes could be made to prevent incidents happening again. The registered manager told us she had made referrals as appropriate, for example to the falls team and the rapid intervention team. We saw records to demonstrate the information gathered on accident and incident forms was analysed on a monthly basis in order to identify any patterns or trends. However, we noted one event recorded in a person's file had not been recorded as an incident, despite staff stating in the person's records an incident form had been completed. According to the records the incident had caused the person to experience distress. However, the circumstances of the incident had not been analysed to determine future management strategies.

We checked the arrangements in place for the maintenance of the premises. Since the last inspection the registered manager informed us the first floor had been refurbished, windows on the stairway between floors had been replaced and pointing had been carried out on the external walls. New fridges and freezers had also been purchased for the kitchen. The registered manager explained that an action plan had been

developed to further improve the premises.

The provider employed two maintenance officers to carry out ongoing maintenance and repairs. The maintenance officers also carried out routines checks on water temperatures, equipment and fire systems. We saw the electrical and gas safety certificates were in date and noted appropriate arrangements were in place for servicing the fire systems including the fire extinguishers.

We looked at what steps the provider had taken to ensure people were protected against the risk of abuse. We found there was an appropriate policy and procedure in place and information was displayed on each floor. The staff understood their role in safeguarding people from harm. They were able to describe the different types of abuse and actions they would take if they became aware of any incidents. All staff spoken with said they would report any incidents of abuse and were confident the registered manager would act on their concerns. Staff were also aware they could take concerns to organisations outside the service if they felt they were not being dealt with. Staff spoken with confirmed they had completed safeguarding training. The registered manager was aware of her responsibility to report issues relating to safeguarding to the local authority and the Care Quality Commission.

The provider had a whistleblowing policy. Staff knew they had a responsibility to report poor practice and were aware of who to contact if they had concerns about the management or operation of the service.

We checked two recruitment files for staff recently employed by the service and noted appropriate checks had been carried out before the staff members started work. The staff had completed application forms and been interviewed for roles within the service. In addition to the interview, appropriate checks were carried out which included a record of staffs' previous employment history, references from previous employment, their fitness to do the job safely and a DBS (Disclosure and Barring Service) check. The Disclosure and Barring Service carry out a criminal record and barring check on individuals who intend to work with vulnerable adults, to help employers make safer recruitment decisions. New staff completed a probationary period during which their work performance was reviewed at regular intervals. The provider had a recruitment and selection procedure; however, the procedure did not fully reflect the current regulations.

Requires Improvement

Is the service effective?

Our findings

People had mixed views on the quality of the food provided. Comments included, "The food varies, you usually get a choice", "The meals are alright. I enjoy them" and "The food is not very nice. It's not cooked properly." We discussed people's comments with the registered manager who acknowledged there had been difficulties due to agency staff working in the kitchen. She explained that she hoped to employ a qualified chef in the near future.

We observed the mealtime arrangements on both floors on the first day of the inspection. We were informed by staff the meal was usually served at 12.30 and people were sat at the tables on the ground floor from this time. However, the meal was not served until 12.55. Whilst people were offered a choice, there was no visible menu in the dining room displaying the choices. Staff served the food in a kind and caring manner. The food looked hot and portion sizes were ample. People were asked if they were happy with their meals and were offered second helpings. The staffing levels on the ground floor impacted on the meal time experience as they were not able to stay long in the dining room to have a conversation.

On the first floor we noted some people did not receive the assistance they required. For example, one person was not supported with their meal which led them to walk away and experience distress. We also observed one member of staff who was supporting a person with their meal did not communicate with the person throughout the dining experience.

People were able to dine in other areas of the home such as their bedrooms if they preferred. However, we noted that staff did not use food covers on meals which were taken to people's bedrooms. This meant people's food would lose heat as staff walked down the corridors.

The registered manager had set out initial plans to make improvements to the mealtime arrangements in the provider information return. According to the information received the registered manager intended to monitor the quality of the food from suppliers, re-evaluate the budget, introduce meal feedback charts and hold taster days to gain people's views on the food.

Information about people's dietary preferences and any risks associated with their nutritional needs were assessed. The service used a Malnutrition Universal Screening Tool (MUST) to monitor people's nourishment and weight. MUST is a five-step screening tool that identifies adults who are malnourished or at risk of malnutrition. The tool includes guidelines which can be used to develop people's care plans. We noted there was board in the kitchen setting out people's dietary requirements. We spoke with the cook on duty. However, he informed us he was working for an agency and it was his first day working in the home.

Following the inspection, the registered manager informed us that she was purchasing some new weighing scales and was checking all documents relating to nutrition on the first floor.

The Mental Capacity Act (MCA) 2005 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 2005. 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 2005, and whether any conditions on authorisations to deprive a person of their liberty were being met. Whilst staff had received training on the MCA 2005, we found their knowledge was limited and they were unsure how the principles of the Act applied to their everyday practice. On looking at people's files we noted mental capacity assessments had been carried out, however, the assessments were not always person centred and lacked information about specific decisions. We also found the information in one person's file was confusing and unclear. We spoke with a member of staff who was unaware of the restrictions in place and the reasons behind this situation. The registered manager explained this person's circumstances had recently been reviewed and she was waiting for further information, in order to clarify the person's records.

At the time of the inspection, the registered manager had submitted 22 DoLS applications to the local authority for consideration. We saw the registered manager had put a tracker in place to record the status of all applications. The registered manager told us she contacted the local authority on a monthly basis to check when assessments were due to be completed. Whilst copies of the DoLS applications were available in people's personal files, we noted there were no supporting care plans setting out the least restrictive options of care.

The front door was locked at all times with a key coded lock. We were told the code was not given out and people and visitors were let out of the door by staff. However, this situation had implications for people who were free to leave the property. The registered manager agreed to give this matter some consideration to ensure people were not inappropriately deprived of their liberty.

We recommend the registered persons consider the relevant guidance and principles associated with the implementation and use of the Mental Capacity Act 2005.

We saw staff asked people for their consent before carrying out care and noted that people had signed consent forms as appropriate in respect of professionals viewing personal files, medicines, photographs and care and treatment.

People's healthcare needs were considered within the care planning process. We noted assessments had been completed on physical and mental health. In non-emergency situations staff sought advice via Telemedicines. This system enabled staff and people to contact and talk to medical professionals at a local hospital using a computer. The registered manager also explained a specialist nurse practitioner visited the home twice a week to carry out consultations with people living in the home. A monthly meeting was held with the specialist nurse practitioners in order to discuss and coordinate people's care.

Records showed us that people received support from a variety of healthcare professionals including the district nursing team, speech and language specialists, the rapid intervention team, community mental health team and GPs. We spoke with a healthcare professional during the inspection who confirmed the staff made prompt and appropriate referrals, however, they told us there were sometimes problems with communication and staff sometimes needed prompting to carry out instructions. The registered manager

explained a communication book was due to be introduced to help with these difficulties.

During the inspection, we noted one person's toe nails were long. On further investigation, we found the person did not have a foot care plan and there were no records to indicate when the person had seen a chiropodist. The registered manager immediately developed a foot care plan and ensured arrangements were in place for the person to see a chiropodist.

We looked at how people's needs were met by the design and decoration of the environment. We noted adaptations had been made to the home on the first floor to help people living with dementia. For instance, there were murals on the corridor and memory boxes outside people's bedrooms. There were also small metal garden style tables and chairs placed in the corridors to act as rest stations. Whilst there had been no reported incidents or issues in relation to the robustness of the chairs, we noted there were no support rails on the chairs to help people rise from a seating to a standing position. This may have presented people with advanced care needs with some difficulties. We were informed there were plans in place to improve the environment on the ground floor.

The toilet and bathroom facilities were uninviting and were a cool temperature. We also saw some wall tiles were broken and water pipes were exposed in a toilet located near the fire exit on the first floor.

We noted the side garden surface was uneven with discarded items on the ground. Whilst we did not view the rear of the property, we were aware there was a derelict outbuilding which had been there for some time. The nominated individual confirmed this was still in situ. At the time of the inspection, people could access all parts of the grounds and there was a smoking shelter at the side of the building. This meant the external environment presented a potential risk to people living in the home. According to the provider information return there were plans in place to develop a secure garden for people living with dementia.

We recommend the provider seeks advice and guidance from a reputable source to improve the internal and external environment of the home.

Following the inspection the registered manager informed us that work was due to commence on the development of a secure dementia garden on 19 June 2017.

We looked at how the provider trained and supported their staff. At our last inspection we found the staff had not completed the provider's training programme and were not provided with regular supervision. During this inspection, we found these issues had been addressed.

New members of staff participated in a structured induction programme which included a period of shadowing experienced colleagues before they started to work as a full member of the team. The induction training included an initial orientation, familiarisation with the company's policies, procedures and philosophy of care and the provider's mandatory training. New staff were expected to enrol immediately on a QCF (Qualifications and Credit Framework) level 2 qualification. The registered manager advised us that this qualification covered all the elements of the Care Certificate. The Care Certificate is a nationally recognised qualification for the induction of staff new to a care setting.

We saw records of completed inductions during the inspection and noted the training was carried out over the course of four weeks. We spoke with new members of staff who told us their induction training was useful and beneficial to their role.

The registered manager maintained a record of each staff member's training requirements and a range of

courses was provided to meet their needs including health and safety, moving and handling, first aid, nutrition and hydration, food hygiene MCA 2005, fire safety, safeguarding vulnerable adults, record keeping and infection control. The training was refreshed on an annual basis and was delivered in a classroom setting by an external trainer. In addition, care staff undertook specialist training on the management of challenging behaviour, catheter care and a virtual dementia course.

Staff spoken with told us they were provided with one to one supervision and they were well supported by the registered manager. Supervision provided staff with the opportunity to discuss their responsibilities and to develop their role. Staff spoken with told us they found the supervision process helpful to them in their work. We saw records of staff supervision during the inspection and noted a wide range of topics had been discussed including safeguarding and training needs. Staff were also invited to attend regular meetings. They told us they could add to the meeting agenda items and discuss any issues relating to people's care and the operation of the home. According to the records seen staff received an annual appraisal of their work performance, which included the setting of objectives for the forthcoming year.

Requires Improvement

Is the service caring?

Our findings

People living in the home described the staff as being caring and respectful and were complimentary of the support they received. We saw people responded positively to staff engagement and were comfortable in the presence of staff. One person told us, "The staff are smashing. They'll do everything they can to help" and another person said, "The staff are very nice." Relatives also gave us positive feedback about the service. One relative commented, "The staff have been really good and have bent over backwards to help."

Relatives spoken with also confirmed there were no restrictions placed on visiting and they were made welcome in the home. One relative told us, "The staff are brilliant, they really are. I don't think I've ever come in yet and not been given a brew and a smile."

We observed staff interacted in a caring and respectful manner with people living in the home. For example, staff initiated meaningful conversation with people when they were in the lounge areas and encouraged people to join in with the discussion. We noted staff worked hard to meet people's needs, however, due to the level of staffing on the ground floor we observed that some people had to wait a significant amount of time before their needs were met.

Staff spoken with understood their role in providing people with compassionate care and support. One member of staff told us, "I really like working here; the staff look after the residents properly and make sure they are happy." They explained how they consulted people and involved them in making decisions. We observed people being asked for their opinions on various matters and they were routinely involved in day to day decisions, for instance where they wished to sit and what they wanted to eat. People spoken with confirmed the staff listened to them and they felt the staff cared about them.

People's privacy was respected and people could spend time alone in their rooms if they wished. Staff were seen to knock on people's doors before entering and doors were closed when personal care was being delivered. We looked at records and found staff wrote about people's needs and care in a respectful manner. There were policies and procedures for staff which helped them understand how they should respect people's privacy and dignity in a care setting. However, we noted that some people living on the first floor looked unkempt and one person was walking around with no shoes or socks on. We also noted one person requiring an apron at lunchtime was given a plastic apron used by staff, as there were no other aprons available. This meant people's dignity was compromised.

People were encouraged to express their views as part of daily conversations, residents and relatives' meetings and satisfaction surveys. The residents' meetings helped keep people informed of proposed events and gave people the opportunity to be consulted and make shared decisions. We saw records of the meetings during the inspection and noted a variety of topics had been discussed. Wherever possible, people were also involved in the care planning process and we saw people had signed their care plan documentation to indicate their participation and agreement.

People were supported to maintain their independence skills. The registered manager explained one person

was very disorientated and distressed when they moved into the home and as result found it difficult to socialise with other people. Over time the staff worked closely with the person's social worker and the rapid intervention team to help the person regain their confidence. The person was now able to join in on trips outside the home and spend time with people. The registered manager told us she was very proud of this achievement as the person now had a much better quality of life.

Feedback received by the home highlighted the caring approach taken by staff. We looked at reviews of the home on an external website and noted people had made positive comments. For instance one person had written, "We are both extremely satisfied with the care and attention [family member] receives."

People were provided with information about the service before they moved into the home in the form of a service user guide. This document was also available on the provider's website. However, we saw the guide contained some inaccurate information in relation to the registration of the home and incorrectly stated that registered nurses managed the medicines in the home.

Requires Improvement

Is the service responsive?

Our findings

People told us they were happy with the service provided and made positive comments about the staff team. One person told us, "All the staff are kind and friendly" and another person said, "The staff know what they are doing and usually work well together." Relatives spoken with felt the staff were approachable and had an understanding of people's needs. One relative told us, "The staff are very welcoming and do all they can to care for [family member]." However, we observed that staff found it difficult to be responsive to people's needs, which resulted in some people experiencing discomfort. One person told us, "I am sometimes left waiting for quite a while."

At our last inspection we found the provider had failed to ensure that all people received person centred care. This was because care plans were brief and did not provide person centred guidance for staff in order to meet people's needs. This was a breach of Regulation 9 of the Health and Social Care Act (Regulated Activities) Regulations 2014. Following the inspection, the provider sent us an action plan, which set out the action they intended to take to ensure this regulation was met. At this inspection we noted some improvements had been made.

Since the last inspection, the registered manager had introduced a new care planning system. The registered manager described the care plans in the provider information return as being, "Designed to provide person centred care to enable people to live a full and productive life within a safe environment."

We reviewed 12 people's care records and noted all people had an individual care plan which was supported by a series of risk assessments. The plans were split into sections according to people's needs and included a "This is me" form which set out people's family and cultural background as well as information on their preferences and past life experiences. We saw the plans were well presented and easy to follow. Staff spoken with told us they had read the care plans and they were confident the information was up to date.

We noted there were arrangements in place to review people's plans on a regular basis and we saw records to demonstrate people were supported wherever possible to discuss their needs on a monthly basis with a member of staff. There was a keyworker system in place. This linked people using the service to a named staff member who had responsibilities for overseeing aspects of their care and support. However, people spoken with were unfamiliar with their keyworker. We also found some important information recorded in people's risk assessments were not always reflected in their care plans. For instance one person's risk assessment highlighted a requirement for four hourly pressure relief, but this was not documented in their plan. Similarly another person experienced heightened periods of distress; however, there was no care plan seen to support the person during these times. According to the records seen two people had lost weight, however, this information had not been transferred to their care plans. This meant it was unclear if action was needed or had been taken in response to this situation.

The provider had failed to ensure an accurate and complete record of people's care and treatment. This is a breach of Regulation 17 (2) (c) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

Following the inspection, the registered manager informed us that she had sought advice from a dietician for one person who, according to their records, had lost weight and no action was required and had re-referred the other person to the Speech and Language Therapist for a further assessment.

When a person expressed a wish to move into the home, the registered manager normally visited them personally to carry out a pre-admission assessment to make sure their needs could be met. We noted information was gathered about all aspects of the person's needs. Where possible people were encouraged to visit the home and meet with staff and other people living in the home before making any decision to move in. This allowed people to experience the service and make the right choice. Following the inspection, the registered manager sent us copy of a revised preadmission form which included a notes section.

The provider had arrangements in place to ensure information was communicated to staff at the start and end of every shift. We saw records of the handover meetings during the inspection. Staff also completed daily records of people's care which provided information about changing needs and any recurring difficulties. We noted the records were detailed and people's needs were described in respectful and sensitive terms.

People had mixed views about the activities provided. One person said, "I'm usually bored in the home, but I really enjoy the trips out, especially the trip to Towneley Park last week" and another person commented, "I get fed up. We have a home cinema. I like to get involved on occasional trips, but I find it difficult to go with them." However another person felt there were sufficient activities and told us they enjoyed the keep fit and craft days.

The provider employed two activity organisers and there was a monthly activity planner in place. The activity organisers had completed a specialist activity course which enabled them to provide people with stimulating and interesting activities using the techniques recommended by the training. We looked at the planner and noted it included quizzes, games, movement to music, relaxation and social events. We did not observe any group activities during the inspection, although we did see examples of people's craft work displayed on the walls. People were offered regular opportunities to go out on trips to places of local interest such as a horse sanctuary, shops and restaurants.

We looked at how the service managed complaints. People and their relatives told us they would feel confident talking to a member of staff or the registered manager if they had a concern or wished to raise a complaint. Staff confirmed they knew what action to take should someone in their care want to make a complaint.

The service had a policy and procedure for dealing with any complaints or concerns, which included the relevant time scales. We noted there was information about the procedure in the service user guide. However, one person spoken with was unfamiliar with the complaints procedure and told us they would wait to raise any issues of concern until the next residents' meeting.

We saw there were systems in place to investigate complaints. Records seen indicated the registered manager had received eight complaints during the last 12 months. We noted the matters had been investigated and resolved to the satisfaction of the complainant. This meant people could be confident in raising concerns and having these acknowledged and addressed.

Requires Improvement

Is the service well-led?

Our findings

People spoken with made positive comments about the leadership and management of the home. One person told us, "I think the home is managed very well. The manager is nice and I feel I could talk to her if I had a problem" and another person commented, "I find the manager very efficient and easy to talk to." Similarly a relative said, "The manager has excellent communication skills with me and my [family member]. In my view the home runs smoothly."

The registered manager used various ways to monitor the quality of the service. These included audits of the medicines systems, staff training, infection control, accidents and incidents, fire systems and health and safety. We saw examples of the completed audits during the inspection. The registered manager also prepared a weekly management report which was submitted to the provider and carried out visual walk rounds of the premises on a daily basis. We noted action plans had been formulated following the audits and checks. However, we found a number of areas required further improvement during the inspection, these included shortfalls in the management of medicines, the deployment of staff, the levels of cleanliness and the maintenance of records. We have dealt with these matters separately.

The registered manager was supported in her role by the nominated individual and an independent consultant who visited the home on a frequent basis. The nominated individual was supportive of the changes being made and had provided the registered manager with the necessary resources. There was a document in place which detailed the name, date, reason and rationale for visits made on behalf of the provider as well as minutes to indicate the attendance of the nominated individual at relatives, residents and staff meetings. We were also informed following the inspection that the nominated individual had held regular meetings with the registered manager. However, we found there was no evidence to indicate what assessment and monitoring, had been carried out by the nominated individual and the independent consultant to ensure compliance with the regulations.

We recommend the service seeks advice and guidance to demonstrate the provider has carried out quality assessments of the ongoing operation of the service.

Following the inspection the registered manager informed us that the independent consultant would be based in the home for three days a week in order to support the registered manager in driving improvements to the service.

The service was led by a manager who is registered with the Care Quality Commission. The registered manager was registered in June 2016 and had therefore been appointed since the last inspection. She had responsibility for the day to day operation of the service. The registered manager was aware of the challenges involved in improving the service and told us she was fully committed to making the necessary improvements. She described her achievements over the last 12 months which included the development of the staff team, the successful implementation of new systems and structures and support given to people living in the home through difficult times. She told us her key challenges and plans for improvement over the next 12 months included improving the management of medicines, further developing the staff team and

improving catering and the delivery of food. The registered manager had also set out planned improvements for the service in the provider information return.

Throughout our inspection the registered manager demonstrated a positive and forward thinking approach. We spoke with the registered manager about people living in the home. She was able to answer all of our questions about the care provided to people showing that she had a good overview of what was happening with staff and people who used the service. She told us she was proactive in developing good working relationships with partner agencies in health and social care. The registered manager operated an 'open door' policy which meant people and members of staff were welcome to go into the office to speak with her at any time. Staff told us they felt confident in the management of the home. One staff member told us, "I think the manager is good. She's approachable and supportive."

There was a clear management structure. Staff were aware of the lines of accountability and who to contact in the event of any emergency or concerns. If the registered manager was not present, there was always a senior member of staff on duty with designated responsibilities.

The registered manager was part of a wider team within the provider's organisation and met regularly with other managers to discuss and share best practice in specific areas of work. The provider also had governance arrangements in place which included committees chaired by senior managers. This information and good practice could be discussed and analysed by the provider across a group of services.

We noted people and their relatives were regularly asked for their views on the service. As part of this, people were invited to complete a satisfaction questionnaire. The results of the latest survey carried out in April 2017 were sent to us following the inspection. People and their relatives also attended monthly meetings. People spoken with told us the meetings were useful and confirmed they were given an update on 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	Regulation 12 HSCA RA Regulations 2014 Safe care and treatment The provider had failed to protect people against the risks associated with the unsafe use and management of medicines. Regulation 12 (2) (g)

Regulated activity	Regulation
Accommodation for persons who require nursing or personal care	Regulation 15 HSCA RA Regulations 2014 Premises and equipment The provider had failed to keep all areas of the premises and equipment clean. Regulation 15 (1) (a).

Regulated activity	Regulation
Accommodation for persons who require nursing or personal care	Regulation 17 HSCA RA Regulations 2014 Good governance The provider had failed to ensure an accurate and complete record of people's care and treatment. Regulation 17 (2) (c)

This section is primarily information for the provider

Enforcement actions

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

Regulated activity	Regulation
Accommodation for persons who require nursing or personal care	Regulation 18 HSCA RA Regulations 2014 Staffing The provider had failed to deploy sufficient numbers of suitably qualified and experienced staff on the ground floor to meet people's needs. Regulation 18 (1).

The enforcement action we took:

Issued a warning notice.