

## Oakleigh Lodge Residential Home

# Oakleigh Lodge Residential Home

### Inspection report

36 New Church Road  
Hove  
East Sussex  
BN3 4FJ

Tel: 01273205199

Date of inspection visit:  
01 November 2017  
03 November 2017

Date of publication:  
11 January 2018

### Ratings

Overall rating for this service

Requires Improvement 

Is the service safe?

**Requires Improvement** 

Is the service effective?

**Requires Improvement** 

Is the service caring?

**Good** 

Is the service responsive?

**Requires Improvement** 

Is the service well-led?

**Requires Improvement** 

# Summary of findings

## Overall summary

This unannounced comprehensive inspection took place on 1 and 3 November 2017.

Oakleigh Lodge is a 'care home'. People in care homes receive accommodation and nursing or personal care as single package under one contractual agreement. CQC regulates both the premises and the care provided, and both were looked at during this inspection.

Oakleigh Lodge is a residential care home that provides personal care and support for up to 15 adults over 65 years of age, some of who are living with dementia. There were 12 people living at the home during the inspection. Accommodation was provided in a residential area of Hove. The home had a communal lounge and dining area and a garden accessible to people at the rear.

There was 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.

At the last inspection in June 2015, the service was rated overall as Good. We found no breaches of the regulations at this time. However we recommended the provider took steps to ensure the ongoing upkeep and safety of premises through the implementation of regular maintenance processes. This was because the upkeep of the home was not safely maintained. Audits of maintenance and the environment had not identified the need to complete monthly tasks relating to this area. We found at this inspection these concerns had not been acted upon.

The registered manager said the owners had previously been very active at the service, undertaking quality monitoring checks and redecoration. They explained that owing to personal reasons they had needed to delegate responsibilities to a family member. This process had not been completely transferred which meant that regular environmental and compliance monitoring had stopped. However the registered manager had continued to focus on the care deliver at the service to ensure people received good care.

People were not always protected from unsafe and unsuitable premises. The provider's quality assurance systems did not effectively assess and monitor the quality and safety of the service. The systems in place were not effective to monitor health and safety at the service. The provider had not completed any environmental risk assessments to ensure the environment was safe. Therefore they had not identified areas of concern which we found at our visit. These were fire safety risks, poor cleanliness of the kitchen, a hot surface and a hot water tap in a communal bathroom which exceeded the recommended temperature. The provider took action during and after the inspection to resolve these concerns and also undertook an environmental risk assessment to ensure there were no further concerns.

Risk assessments had not been completed to assess the potential risk to people of falling out of windows on

the first floor. The registered manager assessed the risks following our discussions and during the inspection they had window restrictors fitted to seven windows on the first floor.

The main communal area was in a poor state of decoration, poorly lit, cluttered, had a fish tank with stagnant water and also contained the manager's office. The conservatory leading off of this area was being used to store unused furniture, televisions and fridges being used for holding food for the kitchen. This meant it was not a safe or pleasant environment for people to spend time in. The provider told us after the inspection that they had taken action and cleared the conservatory, moved the fish tank and was looking to have the lounge redecoration finished.

People were not supported by staff who had the required recruitment checks in place. Staff received an induction and were knowledgeable about the signs of abuse and how to report concerns. Staff had received training and developed skills and knowledge to meet people's needs.

The Care Quality Commission (CQC) monitors the operation of the Deprivation of Liberty Safeguards (DoLS) which applies to care homes. DoLS provide legal protection for those vulnerable people who are, or may become, deprived of their liberty. They had made applications for people to be deprived of their liberty to the local authority DoLS team. However where people lacked capacity, mental capacity assessments had not been completed in line with the MCA. The registered manager showed us an MCA assessment document and said they would undertake the assessments where required.

Staff recorded accidents promptly in the accident book and the actions they had taken at the time. The registered manager reviewed all accidents and incidents each day as part of their duties to identify trends about, time of day/night and the frequency of accidents. However there was no system to monitor the number of incidents and falls people had, to look at trends and themes.

The provider had a written complaints policy and procedure which did not accurately guide people to the correct external organisations. The registered manager said they would amend the procedure to guide people to the appropriate external bodies.

Risk assessments were undertaken for people to ensure their health needs were identified. Care plans reflected people's needs and gave staff clear guidance about how to support them safely. Care plans were person centred and where able people and their families had been involved in their development and ongoing reviews. Staff were very good at ensuring people were able were involved in making decisions and planning their own care on a day to day basis. People were referred promptly to health care services when required and received on-going healthcare support.

Medicines were safely managed and procedures were in place to ensure people received their medicines as prescribed.

There were adequate staffing levels to meet people's needs. The provider had reduced the staff level at night to one care worker. They had consulted with staff and considered the assessed needs of people and said they would increase the staff level if needed. We identified one issue which we discussed with the management team regarding this. The registered manager undertook shifts and stepped in to fill staffing gaps. They were actively recruiting to three staff vacancies.

People received person centred care. Staff knew people well, understood their needs and cared for them as individuals. People were relaxed and comfortable with staff that supported them. Staff were discreet when supporting people with personal care, respected people's choices and acted in accordance with the person's wishes.

Staff relationships with people were caring and supportive. They delivered care that was kind and compassionate. People said staff treated them with dignity and respect at all times in a caring and compassionate way.

People's views and suggestions were taken into account to improve the service. Health and social care professionals were regularly involved in people's care to ensure they received the care and treatment which was right for them.

People were supported to follow their interests and take part in social activities. The registered manager was very keen for people to take part in activities and had regular activities available for people to attend as they chose. The registered manager was working with people to engage in activities to avoid social isolation.

People were supported to eat and drink enough and maintain a balanced diet. People and relatives were positive about the food at the service. People were seen to be enjoying the food they received during the inspection.

We found three breaches of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014 related to safe care and treatment; safeguarding service users from abuse and improper treatment; staffing and good governance.

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

We always ask the following five questions of services.

### Is the service safe?

The service was not safe.

People were not protected from unsafe and unsuitable premises.

People were not protected by safe recruitment processes.

Staff had completed individual risk assessments for people to assess how to reduce risks as much as possible.

People were protected by staff that were aware of the signs of abuse and would report concerns.

Medicines were safely managed.

Accidents and incidents were recorded in the accident book by staff and the actions taken at the time.

**Requires Improvement** ●

### Is the service effective?

The service was not effective.

Staff were not always working within the principles of the Mental Capacity Act (MCA) (2005) and Deprivation of Liberty Safeguards (DoLS) code of practice. They were not completing mental capacity assessments.

Staff had the knowledge and skills they needed to support people's care and treatment needs. Staff had received supervisions and appraisals.

People received enough to eat and drink to meet their individual needs.

Advice and guidance was regularly sought from relevant professionals to meet people's healthcare needs.

**Requires Improvement** ●

### Is the service caring?

The service was caring.

**Good** ●

Staff treated people with dignity and respect when helping them with daily personal care.

Staff involved people in their care and supported them to make daily choices while they were undertaking their care.

### **Is the service responsive?**

The service was not responsive.

There was not an accurate complaint procedure available to guide people how to make a complaint.

End of life care was good at the service. However end of life care planning had not taken place so there was no assurance that people's wishes and needs were known and met.

People's care plans reflected their ongoing care needs and were updated in a timely manner to reflect people's changing needs.

People had the opportunity to take part in activities. The registered manager was working with people to engage in activities to avoid social isolation.

**Requires Improvement** ●

### **Is the service well-led?**

The service was not always well led.

People were at risk because there was a lack of quality monitoring arrangements at the service.

Accidents and incidents were not properly analysed.

The policies and procedures in place were out of date, giving incorrect information.

Staff and people's views were sought and taken into account in how the service was run.

**Requires Improvement** ●

# Oakleigh Lodge 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.

This was a comprehensive inspection.

This unannounced inspection took place on the 1 and 3 November 2017 and was carried out by two adult social care inspectors, an inspection manager and expert by experience. An expert-by-experience is a person who has personal experience of using or caring for someone who uses this type of care service.

Before our inspection we reviewed the information we held about the service. We reviewed notifications of incidents the provider had sent us since the last inspection. A notification is information about important events, which the service is required to send us by law.

We also used information the provider sent us in the Provider Information Return. This is information we require providers to send us at least once annually to give some key information about the service, what the service does well and improvements they plan to make

We met the majority of the people who lived at the service and received feedback from ten people who were able to tell us about their experiences and two visitors. Some people at the home were living with dementia and were unable to provide detailed feedback about their experience of life at the home. We therefore spent time in communal areas observing the staff interactions with people and the care and support delivered to them. We used the Short Observational Framework for Inspection (SOFI). SOFI is a specific way of observing care to help us understand the experience of people living with dementia.

We spoke with four staff, including the registered manager, a senior care worker, a care worker and the cook.

The owners had nominated their daughter to meet with us to discuss our findings. Throughout this report they have been referred to as the provider's representative.

We reviewed information about people's care and how the service was managed. This included three people's care records and five medicine records. We reviewed records relating to the management of the service, which included staff training, staff recruitment files, quality assurance audits and minutes of staff and residents meetings. We also contacted the local fire officer and the environmental food and safety officer to make them aware of our concerns.

We contacted health and social care professionals and commissioners of the service for their views. We received a response from one health and social care professional.

# Is the service safe?

## Our findings

The provider had not protected people from unsafe and unsuitable premises. The provider's quality assurance systems did not effectively assess and monitor the quality and safety of the service. The provider had not completed an environmental risk assessment to identify risks to people in order to take action to mitigate the identified risks.

People were at risk of burning themselves because a very hot towel rail next to the bath in the bathroom on the ground floor was in a position where people could use it to pull themselves up. This was very hot to touch and was only partially protected and posed a risk to people.

The staff completed two monthly audits regarding the environment, checking the hot water temperatures each month and that call bells were working. However a bathroom on the first floor was not included on the audit list. The hot tap when run for a minute was too hot to hold our hand under which posed a risk to people of running a bath which would be too hot and could scald them.

The provider had not assessed the potential risk to people of falling out of windows on the first floor. We identified four bedrooms on the first floor which had windows which were not restricted. We discussed this with the registered manager. They took immediate action and assessed the needs of the people using the rooms on the first floor. By the second day of our visit, window restrictors had been fitted to seven windows on the first floor. The provider's representative gave us assurances they would undertake monthly checks to ensure the window restrictors remained in place and were effective.

Fire safety was not being well managed at the service. There was several sheets of hardboard and a step ladder being stored in a corridor which was a main means of escape at the service. This posed a risk to people and staff in the event of a fire as could obstruct people if trying to evacuate the building. This was removed by the second day of our visit. A fire door on the first floor corridor, had a sign which said, 'this door must be kept closed at all times, thank you, fire officer'. This door was open on the first day so we raised it with the registered manager. However on the second day it was again open. The provider's representative said they would remind staff about the importance of the door being closed.

The fire officer had visited the service in December 2016 to discuss fire safety issues. They had identified matters which needed to be dealt with in order to comply with the Regulatory Reform (fire safety) Order 2005. These included, undertaking checks to ensure all self-closing fire doors fully close, all fire doors onto a means of escape should have intumescent strips and cold smoke seals. They had recorded this was required to be done by 1 March 2017. No action had been taken by the provider to assess these concerns or to take action to complete. This meant people were living in a service which had not complied with the fire regulation and in the event of a fire may not be safe. We contacted the fire officer to make them aware of our findings. Following the inspection we received assurances from the provider that the issues identified by the fire officer were being addressed. At our next inspection we will review the actions taken to ensure the provider has sustained good fire safety at the service.

People were at risk because safe practices were not being undertaken to ensure food served at the service was prepared in a safe way. The kitchen was in a poor state of cleanliness. There was no kitchen cleaning schedule in place. The chip fryer, cooker and fridge had not been cleaned for some time. We showed the chip fryer to the registered manager, who took it out of action by the second day of our visit and said they would "be using oven chips". There was a food standards agency safer food, better business folder at the service but this had not been completed regarding opening and closing checks. The service had been visited by an environmental health officer in August 2017 and were given a food rating of five, with the highest being five. We contacted the environmental officer who had undertaken that visit to make them aware of our findings.

The above examples are all a breach of Regulation 12 Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

After the inspection we received an email from the provider's representative telling us what actions they had taken following our visit. These were:

- A thermostatic mixing valve (TMV's) to control hot water temperatures had been fitted to the bathroom tap to protect people from the risk of scalding themselves.
- The hot towel rail in the bathroom had been insulated to make it safe.
- The kitchen at the service had undergone a deep clean.
- They had implemented a daily, weekly kitchen checklist and meat probing temperatures and fridge and freezer temperatures were being recorded. The registered manager would ensure these were completed as part of their checks.
- They had contacted contractors to undertake the actions identified by the fire officer.
- Environmental risk assessments had been completed and actions taken where concerns had been identified.

We will review these actions at our next inspection to ensure they have been sustained and remain effective.

People were at unnecessary risk of harm due to safe recruitment practices not being followed. Staff files had an appropriate Disclosure and Barring Service completed. However, other checks to ensure people were suitable to the post they had applied for had not been carried out. Application forms had not been fully completed and details about past employment with dates had not been recorded. Therefore, it was unclear whether prospective staff had any gaps in employment history which were required to be recorded and discussed. One application form had the front page missing, which included the name of the person, so we were unable to confirm it belonged to that particular member of staff. Another application form did not contain any relevant information about past employment.

References had been written on the application forms; we could not check whether these had been received from the correct people as, either references were unsigned, or signatures illegible. References received did not match the references written on the application forms and it was not recorded where, or who, these references had come from. One care worker had given references from two members of their close family only.

There was no evidence of interviews having been conducted or dates of when new staff started their employment. We discussed the lack of records in the staff files with the registered manager. They agreed they were incomplete and did not contain the information required. They said they did not conduct the interviews themselves. They told us prospective care workers were able to 'shadow' a senior member of staff for a period of up to 14 days. During this time, no safety checks were made, no recruitment paperwork

completed and no risk assessments carried out. If the registered manager then thought they were suitable, they began the recruitment process. If they were unsuitable, they did not start the recruitment process.

The above examples are all a breach of Regulation 19 Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

We discussed these concerns with the registered manager and provider's representative. They explained that they had a very small team of staff, some who had worked at the service for a number of years and were confident people had not been placed at risk. They gave us assurances that they would review staff recruitment files to ensure the appropriate checks were completed. They also said that any new staff would have the appropriate checks in place before they started working at the service.

The registered manager said they were actively recruiting to fill three staff vacancies. The provider used the services of local agencies when required to fill shifts if staff were not able to cover. At the time of the inspection the provider was using an agency cleaner who had been block booked to undertake regular cleaning at the service. We discussed with the management team the need to ensure agency staff had the correct checks in place to assure themselves the staff member's identity and a DBS. The provider's representative assured us they had this information but it was not at the service. After the inspection we received confirmation that an agency staff file was at the service which contained the relevant information.

People said they felt safe. Comments included, "I feel safe because they don't forget me, they often pop in to check on me", "I feel safe here, as I can do or say what I want, and I know there is always someone around", "I feel safe as people are around me" and "staff are very friendly, I feel safe because they are very caring and the general atmosphere is quiet."

Staff levels were adequate. The provider did not use a dependency tool to demonstrate there were enough staff to meet people's needs. At night there was one staff member on duty. We found a record of an incident which had occurred during the night in May 2017 where a person had needed to stay on the floor following a fall. The staff member had made the person comfortable until the day staff came in to support the person back to bed. We discussed this with the registered manager. They said the staff member should have called them or the owners and someone would have gone in to support them within a few minutes. Staff who undertook night duties confirmed they felt having one care worker on at night was enough to support the people at the service. Minutes of a staff meeting held in May 2017 showed this had been discussed with staff. Previously a staff member had been employed to sleep at the service overnight so they could be called upon if required. The decision of the meeting was unanimous that this was not needed and the decision was made to stop the sleep in shift. People said they were happy at night if they required assistance, staff were quick to respond. One person said, "I sometimes ring the bell at night if I feel groggy and need the toilet, she doesn't take long to answer...I only need one person to help me." The registered manager said they "did have a sleep in staff member, we don't need it now. The residents before needed more care and needed double handed care. If staff have a concern they can phone me, I am only ten minutes away." They also said they worked alongside their staff and should people's needs increase they would quickly increase the staff level. The registered manager and provider's representative said there had been no other concerns identified since the new staff level had been introduced and they would remind staff of the on call arrangements.

Staff levels during the day were three care staff each morning, with one of these going to the kitchen to prepare lunch. There were two staff on duty in the afternoon. These were supported by a cleaner and the register manager when they were at the service. The registered manager worked mainly Monday to Friday but undertook duties when required to fill in where there were gaps on the rota. Staff said they had enough

time to support people. Comments included, "We have enough time to get everything done. In the evening we sit in the lounge and have a cup of tea and a chat. We take it in turns to eat with the residents."

People were protected by staff who were aware of the signs of abuse and wanted to keep people safe. Training records showed seven out of the nine staff had received training in safeguarding vulnerable adults. However staff said they would report abuse both internally to management and externally to outside agencies if required. One said "If there was no action I'd report to the council or CQC" They said they had confidence in the registered manager to take action.

There was a safe system in place for ensuring the safe management and review of medicines. Staff were trained and assessed to make sure they were competent to administer people's medicines and understood their importance.

A staff member was seen giving out medicines. They were calm and took their time to administer the medicines they were giving out and ensured people had a drink to take their tablets. They stayed with the person until they were satisfied the medicines had been safely taken. Medicines were managed, stored, given to people as prescribed and disposed of safely. We discussed with the registered manager about the storage arrangements for medicines which require a higher level of security and whether it met the required specification. The provider's representative made us aware after the inspection that they were replacing this medicine storage cupboard.

Medicine administration records (MAR) were accurately completed and had a current photograph of the person and indicated if the person had any known adverse reactions to medicines. Where people had medicines prescribed as needed, (known as PRN), there were no protocols in place for when and how they should be used, which is good practice. The registered manager said the staff were aware of why people were prescribed PRN medicines as it was a small team who administered medicines. They also said they would speak with the supplying pharmacist to get the required documents and ensure all PRN medicines had an appropriate protocol in place. This would help to ensure there was a consistent approach in medicine administration at the service.

Medicines which required refrigeration were stored at the recommended temperatures. The provider's representative said they had arranged for the pharmacy providing medicines at the home to undertake a review of medicine management at the service.

The home was clean throughout with the exception of the kitchen without any odours present, however areas of the home were tired and in a poor state of decoration and cluttered. There were no cleaning schedules to guide staff; however there were cleaning signature sheets on the back of each door in the home for housekeeping staff to sign when they had cleaned the room, there were no signature gaps on these. The provider's infection control policy was not current and did not reflect current guidance. The registered manager said they would review all policies. Staff used protective personal equipment (PPE's) like gloves and aprons when delivering personal care and the cook put an apron on after delivering care to work in the kitchen.

Plans and procedures were in place to deal with emergencies. There were individual personal emergency evacuation plans (PEEPs) which took account of people's mobility and specific requirements. These were held in people's care records and in a file easily accessible in the event of a fire. Care staff would be able to provide emergency services staff with written information about people which would aid their evacuation. The provider had an emergency/crisis policy and procedure to be used in the event of a fire, or emergency. This was on display in the main entrance. A part of this policy the provider had made reciprocal

arrangements with another home that they would provide short term shelter if required. The registered manager said they had two evacuation sheets for people who would not be able to use the stairs in the event of a fire. Staff had received training about how to use these.

External contractors undertook regular servicing and testing of moving and handling equipment, electrical, fire panel and extinguishers and lift maintenance. The registered manager undertook fire checks and drills. They said they set off the fire alarm each week, "I check all doors close, check the panel is showing the right area and use a different fire point each week to set off the alarm."

There was a maintenance book for staff to record repairs and faulty equipment. These were usually dealt with by the owner and when necessary they would bring in external contractors, e.g. plumbers and electricians. However the owner had not been able to undertake any maintenance recently due to unforeseen circumstances. The provider's representative has confirmed since the inspection that they have external contractors undertaking work at the service.

## Is the service effective?

### Our findings

The premises did not meet people's different needs. The décor at the home was very tired and communal areas were cluttered and not very homely. The lounge was very dark and very poorly lit with a fish tank which had stagnant water in it. There was poor signage to guide people and at least two people living at the service had sight impairments. The registered manager had discussed at a residents meeting in June 2017 whether they wanted a new fish tank, it was agreed they did. However the tank had not been removed and a new one brought. The registered manager explained there had been a leak through the ceiling in the lounge when the ceiling light had needed to be removed. They had placed a floor lamp next to one chair for a person who had sight impairment. However this person said, "I have a special chair after lunch. I fall asleep; I can't do what the others do, as I can't see."

The registered manager had moved their office to the main communal room which made it even fuller. The conservatory which led off the communal room was full of unused items being stored. These included furniture, unused televisions and fridges for the kitchen. This meant that people spent their days in an environment which was dark, cluttered and unpleasant. We raised this with the provider's representative and registered manager. The registered manager said they were limited about what they could do to make the lounge lighter as there were no windows on that side of the communal area. After the inspection they informed us that they had taken action and had cleared the conservatory, had the fish tank removed and were rearranging the lounge which was being decorated.

The provider's representative said they had been undertaking decorating of the lounge but this had stopped and they explained the reason why. They went on to say that a vacant bedroom was being decorated and was having a new carpet put down. The registered manager said they intended to work through the home to improve the décor and general environment.

People's needs and choices were assessed and care, treatment and support were delivered as required and as people wanted. Staff had received appropriate training and had the experience, skills and attitudes to support the complexities of people living at the service. Eight of the nine staff had a level two or above NVQ or Diploma in Health and Social Care. One care worker was being supported to undertake a higher qualification and said they had been very well supported by the registered manager. The registered manager had been working with staff to complete refresher training as needed. Staff were motivated by training. One said they had just started training in dementia and had decided to do their own research on the subject because it was so interesting.

Staff learned about manual handling training through e-learning. The registered manager said she did watch the staff to ensure they were working properly but hadn't assessed them. They said in the past staff had gone to the hospital and had training. Much of the training was self-directed via e learning, although the registered manager did check the scores of tests once training was completed. If the scores were low, they had to repeat the training. However, staff were satisfied with the training and demonstrated the skills to care for people. The registered manager said they would find out about courses with the local authority again.

Staff underwent an induction which gave them the skills to carry out their roles and responsibilities effectively. New care workers who had no care qualifications were supported by the registered manager to complete the 'Care Certificate' programme which had been introduced in April 2015 as national training in best practice. Staff received regular supervisions and an annual appraisal with the registered manager or senior care worker.

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

We checked whether the service was working within the principles of the MCA, and whether any conditions of authorisations to deprive a person of their liberty were being met. The registered manager had made appropriate DoLS applications and were aware of their responsibilities and how to make an emergency DoLS application if it were required. They had made applications to the local authority DoLS team to deprive people at the service of their liberty where necessary. However they had not completed mental capacity assessments to assess people's capacity before a best interest decision or DoLS application was completed. We discussed this with the registered manager who was able to show us the document required. They said they would complete them as needed for people at the service.

People's consent for day to day care was sought by staff. Staff were skilled at looking for visual signs of consent for people unable to express their wishes. They were very patient and demonstrated a good knowledge of the person's usual choices but still offered the chance to have something different. One care staff explained that if someone appeared to be losing their memory they would refer to the GP for a memory test, and best interest assessors may need to be involved. Staff knew they couldn't 'force' people to receive care and spoke of different approaches they would use to encourage people with having their personal care needs being met. One person said staff always asked them if they wanted any help.

People were supported to have regular appointments with their dentist, optician, chiropodist and other specialists. Staff referred people quickly to relevant health services when their needs changed.

People were supported to eat and drink enough and maintain a balanced diet. The service had a four week rotating menu with the choice of one main meal at lunchtime with alternatives offered. The registered manager said staff asked people each morning their meal choices and had a book which recorded people's meal choice. However three people said they were not asked their preferences each day and only found out what the meal choice was at the mealtime. The cook said when a new person came into the home, the staff ascertained their likes and dislikes. They had a clear understanding of people's dietary needs. People were satisfied with the food at the service. Comments included, "the food is well cooked, but too much frozen food", "food's not bad", "food is adequate" and "The food is adequate, but menus are a bit monotonous."

We observed a lunchtime meal, three people had an alternative of fish and the others had sausage casserole. A staff member ate their meal with people sat around the dining table. People clearly enjoyed this engagement and were chatting to the staff member happily. Staff were very attentive and discrete. Where one person was seen by staff not to be eating their meal, staff asked what was wrong and offered to get a warm glass of milk and something they knew the person liked. The person still did not really want the alternative brought in and was then offered a dessert which was known to be their favourite.

## Is the service caring?

### Our findings

People and relatives were very positive about the quality of care at the home and the caring attitude of the staff. Comments included, "The staff are lovely, they do anything for you", "I am very happy here", "I like it here...I like my bed", "I've only got to ring the bell and up they come" and "I feel we are looked after properly, the staff aren't qualified nurses, but as carers I rate them."

The registered manager and staff had prioritised people's needs at the service rather than the environment and record keeping. People were treated with kindness, respect and compassion by staff and as if they were family members. Staff knew people well and gave people a lot of support to make choices about what they wanted. It was clear staff liked the people they were supporting and assisted them to be independent. For example, where one person had a step to their ensuite bathroom which had impaired their independence. It had been arranged with them that they moved to a more suitable room.

Staff maintained people's privacy and dignity when assisting with intimate care. For example, a staff member knocked on a person's bedroom door when we were chatting with them. The staff member said they would come back later to help the person to walk to the lift, and take them down for lunch.

Throughout our visits staff were respectful in their manner. Staff were busy and were interacting with people when they were providing support. Staff were pleasant in their manner with people and at times happy banter was heard.

People seemed to know the staff well and were seen positively interacting with them. One person was very anxious, staff reassured the person and were seen chatting with them throughout our visit. Staff were very good with another person who was a little confused about why they were at the service. The person said, "They are nice people here. I don't live here...do I?" The staff member they looked at when saying this said, "Well we would like you to stay with us". The person replied "Oh yes I would ...They are very kind, if I feel ill I know someone is here to help me, I can cry and they don't mind. I sleep better here; I don't want to be on my own."

People were offered choices; staff asked people their preferred preference. For example, if they wanted to go to the lounge, would like to watch television, had they finished their lunch or did they require more. One person said, "The manager has said I can have my meals when I want them as I find the lunch is too early." People were as independent as they wanted to be, they were able to choose whether to remain in their bedrooms or use communal areas. Staff were seen at all times being respectful to people and putting them first. When people beckoned to staff, they went over and gave the people their undivided attention.

People's rooms were personalised with their personal possessions, photographs and furniture. People's relatives and friends were able to visit without being unnecessarily restricted. People said their visitors were made to feel welcome when they visited the home. One person said, "My brother is my only visitor he comes to see me anytime and is always welcomed." Visitors were made welcome during our visits by staff and confirmed they could visit when they chose.

## Is the service responsive?

### Our findings

People said they had no concerns or complaints about the home. They said if they had any concerns, they would feel happy to raise it with the registered manager and it would be dealt with straight away. One relative said they were concerned their relative had not been able to go to bed in the afternoon on one occasion which they hadn't had a chance to raise with the registered manager yet. They did raise it with the registered manager during our visit and a discussion was had and an outcome agreed.

The provider had a written complaints policy and procedure. The procedure advised complainants if they were not happy with the outcome of their complaint to contact the Care Quality Commission (CQC). We discussed with the registered manager that it directed people to the CQC and this was incorrect as the CQC do not deal with individual complaints. The registered manager said they would amend the procedure to guide people to the appropriate external bodies.

The registered manager was very active at the service working duties and dealt with niggles and concerns before they became a bigger issue. They had moved their office into the lounge so they could observe what was happening and were accessible to people and visitors if they wanted to speak with them. There had been no complaints raised with the management team since our last visit. The registered manager knew their responsibilities and would follow the provider's complaints procedure.

People and relatives gave us feedback about how the service was very good at meeting people's individual needs. It was also evident from speaking with staff that people mattered at the service; they spoke with pride about the people they cared for and wanting to make it a lovely place to stay.

Before people moved to the home an assessment of their needs was completed to ensure the service could meet their needs. The registered manager met with people and their families and discussed their care needs and what was important to them. This information was then used to undertake risk assessments and generate care plans to guide staff to know how to provide the care they required when they moved into the home. This ensured people's care plans were reflective of their health care needs and how they would like to receive their care, treatment and support. The care plans set out what people required support with. For example, in one person's care plan it said the person needed encouragement with their food and that the person liked sweet foods, like cakes, sweets and custard biscuits... Staff were seen supporting this person and they were offered raspberry syrup on their dessert which they enjoyed.

Staff understood people's individual religious and cultural needs. One person who had lived at the home required the preparation of their food to be in line with their cultural (and religious) beliefs. Staff and the family ensured the person could celebrate Christmas with the Orthodox Christian priest.

A relative told us how they had been very involved in finding a suitable home for their loved one. They said "The attitude of the staff was positive. When (name) first came here, she wouldn't come out of her room, but now she does and she gets out twice a week with staff and does activities".

People's care plans and risk assessments were reviewed and updated by the registered manager and senior carers. People had a designated keyworker assigned to monitor their care. Where changes had been made to people's care plans the person had been asked to review. Where the person lacked capacity the person's nominated relative had signed on their behalf. This ensured staff had the most up to date information in order to be responsive to people's needs. Care plans reflected people choices and were reviewed monthly and more frequently if people's needs changed.

People's care records were up to date and held personal information, including people's likes and dislikes. They contained a recognised personal histories called 'This is me' which contained what was important to people. For example, one person's said, "I get very anxious for no reason; I like someone to sit with me a lot when possible. Gets comfort from holding a teddy bear."

People's care plans included information on how people's communication needs could be supported. However information at the home had not been provided to people in differing formats if they had a communication difficulty. The registered manager said they would ensure information was provided to people in a format appropriate to them.

We recommend the service consider how information could be made available to people to support assisted communication where they may benefit from this.

One person was receiving 'end of life' care at the time of our visit. Staff were ensuring the person was kept comfortable and had food and drink as they wished and were able. The staff worked closely with the person's family and GP to ensure they were informed. They also had medicines in place should the person require them for pain management. The person's care records had been reviewed regarding risks to them in relation to their skin and nutritional needs. However there was no plan of care to guide staff how the person would want to be looked after at this time. There had not been any discussions to decide this even though the person had been at the service for some time. The assessments had identified the person would be at a high risk of skin breaking down but no plan how to manage this. Since the inspection the registered manager has updated everybody's care plans to reflect their wishes.

People had Treatment Escalation Plans (TEP) in place that recorded people's wishes regarding resuscitation in the event of a collapse. These were stored in an accessible place for staff to refer to and decide the next course of action

People were supported to take part in social activities. The registered manager was very passionate about supporting people to partake in activities. They had been working with people to try and get them to engage in activities. There were bright colourful notices in the main entrance advising people of scheduled external entertainers which were booked to come to the service. These included old music, arts and crafts, melody man and exercises with Neil. There had been a Halloween party the evening before our first visit. Everybody said how much they had enjoyed that.

During our visit people were completing word searches and colouring in. In the afternoon there was an entertainer which people happily engaged with and were seen doing gentle exercises to music. People were engaged in this and said they enjoyed the session. People and visitors were positive about the activities at the home and said they had the opportunity to join in if they wanted to. People's comments included, "Armchair exercises today at 3pm, every other Sunday they do painting but I can't see to do it", "If there is enough carers around one takes me out. I enjoy my music...the do last night was lovely. (the registered manager) brings her dogs in", "I enjoy the music- it was lovely last night- Halloween...The manager is very kind, she brought her dogs in last night-lovely", "I took part in this afternoons activities, I enjoyed the

Halloween party, and I enjoy painting every second Sunday" and "I'm not keen on what they do here, I like gardening, they will take me out if I want to go'

One person had just celebrated their 105th birthday, the staff had helped the person celebrate and there were pictures of the celebration on display.

## Is the service well-led?

### Our findings

At the last inspection in July 2015 we made a recommendation that the provider take steps to ensure the ongoing upkeep and safety of premises through the implementation of regular maintenance processes. At this inspection we found the provider had not put in place any systems to monitor the environment.

The provider did not have quality assurance procedures in place to ensure the safe running of the service. There were no audits undertaken to monitor the environment, the health and safety at the service, infection control, recruitment processes or care records. This meant, for example, they had not identified the risk to people because of cleanliness of the kitchen.

There was no system to monitor that window restrictors remained in place and the hot water temperature monitoring had not included a communal bath at the service. The provider said checking the windows and the bath water temperatures would be added to the audits carried out.

The fire officer had made notifications of deficiencies at their last visit which were required to be carried out by the end of March 2017. However these had not been reviewed or completed as required.

The environmental officer had recorded at both of their visits in 2016 and 2017 regarding missing tiles on the floor and wall and kitchen cabinets being broken. No risk assessment or work had been undertaken regarding this.

Policies and procedures at the home had been reviewed in 2016 by the registered manager. However they did not reflect current good practice and guidance. For example, they referred to The Care Quality Commissions (CQC) predecessor, the safeguarding policy contained old guidance and did not advise regarding contacting the local authority safeguarding team. The policy identifying the notifications the provider is required to send to CQC did not contain all of them. This meant staff did not have up to date guidance and current regulations to ensure they followed up to date practice.

There were no formal checks undertaken by the provider to monitor that the service was running safely.

The provider had not ensured that there was not an adequate process for assessing and monitoring the quality and safety of the services provided. This is a breach of Regulation 17 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

The registered manager said the owners had previously been very active at the service, undertaking quality monitoring checks and redecoration. They explained that owing to personal reasons they had needed to delegate responsibilities to a family member. This process had not been completely transferred which meant that regular environmental and compliance monitoring had stopped. However the registered manager had continued to focus on the care deliver at the service to ensure people received good care. The provider's representative was working at the service to undertake administrative duties and support the registered manager and staff.

When we gave feedback at the end of the inspection the provider's representative said the environmental risk assessments and the registered manager's formal weekly walk around had lapsed. They said these would identify any health and safety concerns, for example, radiators, carpets and trip hazards. They said these would be reinstated.

Leadership at the home was very visible; the registered manager was in day to day charge supported by the senior carers. The registered manager said that the owners lived close by and "...they pop in and are available if needed." The provider's representative worked at the home most week days and undertook "a lot of the office work."

People, their relatives and staff were positive about the management of the service. People and visitors comments included, "The manager is always available" and "The manager here is lovely so are the staff. We were able to tell them all mum's likes and dislikes. They listen to us and to mum." Staff said "The manager is very good. If we have any concerns, she will support us and sort it out".

There was a good working relationship between the registered manager and staff with all having their delegated roles and responsibilities. Along with the management team there were care workers, a housekeeper and a cook. Staff worked well as a team. Staff felt well supported and were consulted and involved in the home and were passionate about providing a good service. There was an on call process for staff to have a point of contact should they have any concerns they needed support with.

The registered manager and staff demonstrated a strong ethos about people being at the heart of everything that happened at the home. They spoke about the service being the people's home and it being a privilege to be with them and involved in their care.

There were good communication systems in place for staff through daily handover meetings and good communication throughout the shift. The registered manager and senior carer were kept informed throughout our visit of what was happening in the home.

People, relatives and staff were actively involved in developing the service. There were residents meetings for people and their families twice a year. The last resident meeting was a chance for people to discuss the fish tank and what was happening at the service. The registered manager also reminded people that if they had any worries, concerns they could speak with them at any time. There was also a suggestion box in the main entrance where people could leave messages. One person had made a suggestion to have a ramp from the back entrance of the home, so they could access the garden more easily. The provider's representative said they had looked at this and it was structurally not possible and spoken with the person about other options.

Staff felt valued and were empowered to be actively involved in the running and review of the service. For example, staff meetings were held regularly where staff were able to express their views, ideas and concerns. The registered manager said they liked to have a meeting every four months or more regularly if there was a need. At these meetings they discussed any changes that were happening at the service and if staff had any health and safety issues they would like to discuss.

The staff had a good working relationship established with health and social care professionals which benefitted people at the service. This ensured people received appropriate support to meet their health care needs. Care records showed evidence of professional involvement and appropriate referrals were made.

Staff had recorded accidents promptly in the accident books and the actions they had taken at the time. The

staff had contacted the local falls team for advice when needed. The registered manager reviewed all accidents and incidents each day as part of their duties to identify trends about, time of day/night and the frequency of accidents. However there was no system to monitor the number of incidents and falls people had, to look at these trends and themes.

The provider had displayed the previous Care Quality Commission (CQC) rating of the service in the entrance of the home. The provider did not have a website so it was unable to be displayed there.

This section is primarily information for the provider

## Action we have told the provider to take

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

Regulated activity	Regulation
Accommodation for persons who require nursing or personal care	<p>Regulation 12 HSCA RA Regulations 2014 Safe care and treatment</p> <p>The provider had not ensured that care and treatment was provided in a safe way. They had not assessed the health and safety risks to people. The premises were not always safe.</p> <p>12(1)(2)(a)(b)(d)</p>
Accommodation for persons who require nursing or personal care	<p>Regulation 17 HSCA RA Regulations 2014 Good governance</p> <p>The provider did not have systems or processes established and operated effectively to assess, monitor and improve the quality and safety of the services provided.</p> <p>17(1)(2)(a)(b)</p>
Accommodation for persons who require nursing or personal care	<p>Regulation 19 HSCA RA Regulations 2014 Fit and proper persons employed</p> <p>The provider did not have recruitment procedures which were robust and ensured people employed were of good character.</p> <p>19 (1)(a)(b)2(a)(b)3(a)(b)</p>