Bupa Care Homes Limited

# West Ridings Care Home

## Inspection report

Off Lingwell Gate Lane
Lofthouse
Wakefield
West Yorkshire
WF3 3JX

Tel: 01924826806

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## Ratings

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|---|---|
| Overall rating for this service | Requires Improvement |

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|---|---|
| Is the service safe? | **Requires Improvement** |
| Is the service effective? | **Requires Improvement** |
| Is the service caring? | **Requires Improvement** |
| Is the service responsive? | **Requires Improvement** |
| Is the service well-led? | **Requires Improvement** |

# Summary of findings

## Overall summary

The inspection took place on 18 and 20 July 2017 and was unannounced. This was the first inspection of the location West Ridings Care Home, registered under Bupa Care Homes Limited, although the home has been operating for a number of years.

West Ridings Care Home is a multi-unit site providing accommodation and nursing care for up to a maximum of 180 people. The service has six units and provides care and support for people with nursing and residential needs including people who are living with dementia. On the day of our visit there were five units open and 108 people living at the home.

The home had 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.

The environment was bright, welcoming and inviting, with recent improvements made to the décor to create a homely, friendly feel to each unit.

People had safe care, although the deployment of staff was not always consistent or sufficient to meet people's needs.
Staff were confident in moving and handling and people had been appropriately assessed to use equipment.

Safeguarding procedures were known by staff, but not always implemented.

The outcome of people's mental capacity assessments was not always clear and we have made a recommendation for the provider to review this. Staff understood the principles of the Mental Capacity Act, although assessments of people's mental capacity were variable across the site. People were not fully supported to have maximum choice and control of their lives and staff did not always support them in the least restrictive way possible.

People enjoyed their meals and the food and drink was of good quality, although there was a long delay for people on the Calderdale unit at lunchtime to be served. The recording of people's food and drinks was not always effective to support people's needs.

Communication between staff was effective and there was evidence of good teamwork. Staff interaction was patient, kind and caring.

People's privacy was maintained, although people's dignity was not always supported on the Calderdale unit and continence needs were not well always managed.

There was evidence of person-centred care and practice matched what was written in people's files. We found contrasting standards of care on the Calderdale unit where care was more task focused than person-centred.

When staff had time to interact with people, conversations and activities were meaningful. However, people did not always have opportunities for meaningful engagement and some people in the Calderdale unit spent long periods of time in their chairs with little interaction.

Complaints and compliments were recorded and responded to appropriately.

There was clear communication across the whole site and information sharing between the units.

The management team was responsive to issues raised throughout the inspection, taking swift action where matters could be rectified. Although quality assurance systems were in place, these required further rigour to ensure consistency of quality across the whole site.

You can see what action we asked the provider to take at the back of the report.

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

We always ask the following five questions of services.

### Is the service safe?

**Requires Improvement**

The service was not always safe.

Staff were not always deployed effectively to ensure people consistently had safe care.

Safeguarding procedures were not always robustly followed, although staff had received training and knew how to report any concerns.

Staff were confident in their moving and handling techniques and they ensured people's needs had been assessed before using any equipment.

### Is the service effective?

**Requires Improvement**

The service was not always effective.

Staff understood the principles of the Mental Capacity Act, although assessments of people's mental capacity were variable.

People enjoyed the food and drink, although recording of people's intake was not robust.

Staff were supported through supervision and training.

### Is the service caring?

**Requires Improvement**

The service was not always caring.

Staff ensured people's privacy, although people's dignity in their continence care was not managed well on the Calderdale unit.

Staff interaction was warm, friendly and patient although some people on the Calderdale unit did not receive sufficient attention to support their well-being in a meaningful, caring way .

People's individual spiritual and cultural needs were regarded in the planning of their care.

### Is the service responsive?

**Requires Improvement**

The service was not always responsive.

There was evidence of person-centred care, although this was not consistent throughout the service.

There was variation in the way people were able to access meaningful activities.

Care plans were detailed although people's social histories and interests were not always considered in daily opportunities.

Complaints and compliments were recorded and responded to.

## Is the service well-led?

**Requires Improvement**

The service was not always well managed.

There were regular, consistent and detailed audits in place, although these were not robust or accurately completed to assure consistent quality throughout the service.

The management team were visible and active in the service, although not all of the units had consistent leadership.

The registered manager was aware of the strengths and the areas to improve within the service and was proactively working to ensure quality of care was delivered throughout the site.

# West Ridings Care Home

**Detailed findings**

## Background to this inspection

We carried out this inspection under Section 60 of the Health and Social Care Act 2008 as part of our regulatory functions. This inspection was planned to check whether the provider is meeting the legal requirements and regulations associated with the Health and Social Care Act 2008, to look at the overall quality of the service, and to provide a rating for the service under the Care Act 2014.

This inspection took place on 19 and 20 July 2017 and was unannounced. There were six adult social care inspectors on the first day and four adult social care inspectors on the second day. There were two experts by experience 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.

Before the inspection we reviewed the information we held about the home. This included looking at information we had received about the service and statutory notifications we had received from the home. We also contacted the local authority commissioners and the safeguarding adult board quality intelligence group.

We reviewed the provider information return (PIR) which had been completed in detail and sent to us prior to the inspection. This is a form that asks the provider to give some key information about the service, what the service does well and improvements they plan to make. We displayed posters to inform people and visitors that we were inspecting the service and inviting them to share their views.

We looked around all five units that were occupied, looked in people's rooms with their permission and in communal areas. We spoke with 33 people, 20 visitors, 21 care and nursing staff, 2 hosts and hostesses (who are employed to support people's dining experience), the chef, the registered manager, the clinical services manager, the resident experience manager and the regional director. We used the Short Observational Framework for Inspection (SOFI). SOFI is a way of observing care to help us understand the experience of people who could not talk with us.

We looked at care documentation for 14 people, three recruitment files and records relating to quality assurance monitoring and the safety of the premises and equipment.

Requires Improvement

# Is the service safe?

## Our findings

Most people we spoke with told us they felt safe and staff were caring and supportive. Comments included, "The staff are great", "They are good to me", "I do feel safe", "I feel safe. The staff are lovely. I couldn't ask for better. I have no complaints. In two and a half years here I've never thought, 'I don't like that' about anything the staff have done. They are so patient with everybody", "I know that my possessions are safe here. There are enough staff on. They come as quick as they can if I buzz for them. They're helpful, they can't do enough for me" and "I feel safe and the staff are absolutely, overwhelmingly kind." However, one person told us, "I don't feel particularly safe" and said staff were not always as careful as they could be when moving and handling.

People who were unable to express themselves verbally appeared safe, well and relaxed in the company of staff and the other people living with them. One person was clapping and clicking their fingers when we asked them if they felt safe. Their relative informed us that they did this when they were happy and settled.

Most relatives we spoke with had no concerns and were confident that their family members were safe and well cared for. They were really clear about who they could turn to if they were worried or had any concerns. One relative told us, "I know [family member] is in safe hands" and another said, "I know [they] are safe". Other comments from relatives included, "This is a much safer place than where [my family member] used to live", "I would certainly talk to any member of staff if for one moment I had any concerns", "The staff react to any concerns we raise", "I can now go on holiday - knowing that [my family member] is safe", "I have absolute confidence that [my family member] is safe and secure here – [my family member] would show it if they weren't" and "[My family member] is absolutely safe here. We looked at a few places and some we walked in, and walked straight back out again. I'm a nurse myself and you can just tell sometimes. Here though, we both had a good feeling about it and so far, we've been proved right. Sometimes there are staff shortages and agency staff come in, mainly at nights, but on the whole, [my relative] is happy here and [they like] the staff and their room."

Staff we spoke with said people had safe care. Comments included, "The on-going training we have in all areas of safeguarding equips us well", "Training in relation to safety is very good" and "This is the safest place I have worked in".

We observed safe moving and handling practices throughout the service and staff were confident in their knowledge of people's individual mobility needs. People had been appropriately assessed to use particular equipment and individual risk assessments were in place, although there were some generic risk assessments, such as for the bath hoist and wheelchairs.

Risks to individuals were known and understood by staff and recording on care plans was clear. Each unit had a whiteboard with details of each person's clinical risks and key information for staff to support them safely. The registered manager maintained a clear overview of the risks throughout the whole site and used a whiteboard in the main office to see information at a glance.

The registered manager told us there was a falls diary and a buddy system of support where people were at high risk of falls, so staff could discreetly observe the person without being too obstructive. We saw staff were observant of people's movements and where people forgot to use their walking aids staff reminded them and made sure these were accessible. However, on the Calderdale unit we noticed the floor was slippery in places and we mentioned this to staff three times during the day.

We saw a new falls protocol had been introduced which detailed action to take following a person falling. This included regular observations of the person, a timeline of any pain, eating and drinking, clinical observations and mobility.

Accidents and incidents were documented and analysed to identify any trends or patterns and any key information was shared between all units. Staff we spoke with told us they were aware to record all accidents and seek medical advice if they had any concerns about a person.

People who wished to smoke were supported appropriately. We saw people smoked outside in designated areas and wore fire retardant aprons. Fire doors were regularly checked to ensure people's safety and security and these checks were documented clearly.

Documented reminders to staff about how to ensure people were safe in hot weather and reminders to ensure extra drinks were available. Staff were also reminded about safe policies, such as 'bare below the elbow' to minimise the spread of infection. Staff reminders about how to ensure good documentation were in place to assist staff in providing safe care.

People's personal evacuation plans (PEEPs) were in place and these were very detailed on the whole and showed the equipment and staff support needed. We saw there were occasional discrepancies in the level of risk. For example, these were rated red, amber or green according to the level of support needed. Some people had both amber and red ratings. The registered manager told us they had recently reviewed and revised all fire evacuation procedures to improve the detail of how each person would be helped to evacuate safely. Although we saw PEEPs were in people's care plans and behind people's bedroom doors, we found not all the units had the relevant up to date information stored accessibly and there was an old fire risk assessment document from 2006 in the entrance. The registered manager and maintenance staff were proactive in discussing and agreeing an immediate plan to ensure all PEEPs were in a consistent location within each unit and checked for accuracy.

Staff we spoke with showed they were aware of how to ensure people were safeguarded from possible abuse and they understood how to report any concerns. Staff we spoke with knew the organisations 'speak out' policy and we saw there was much information displayed about this throughout the service. The registered manager told us there was zero tolerance of abuse of any kind and they encouraged staff to be open and transparent and raise any concerns immediately. They told us the 'speak out' policy was working in practice. However on the Calderdale unit we found some recorded incidents in people's daily notes which had not been referred to the safeguarding authority and safeguarding procedures had not been followed. The management team told us they would review this and we saw some action was taken to reinforce procedures with staff.

We saw staff were alert where people's behaviour challenged the service and they used distraction techniques to divert any behaviour that may cause harm. For example, one person on the Calderdale unit entered the bedroom of another person and staff quickly noticed and redirected them to another area. However, incidents of challenging behaviour were recorded on people's daily notes with little evidence of any action taken. Staff were aware of a particularly unfriendly relationship between two people, yet it was

not clear what was being done to manage this. The management team told us they would review the practice on this unit following the inspection.

The registered manager told us, and records confirmed, there had been a reduction in the use of agency staff since the last inspection, providing more consistency of care. The registered manager told us they felt staffing levels had improved recently with the provision of seven-day management cover and a twilight shift for key times of care. The registered manager told us recruitment was ongoing and a new night nurse had been recruited.

We looked at recruitment and saw three staff files. There were no interview notes for one member of staff and the registered manager said this was because they had been previously recently employed in the service.

We saw staffing levels at times were observed not to meet people's needs on some units, particularly at busy times, such as meal times. The feedback we received form people, staff and relatives about staffing levels was poor for all units except Wensleydale. One member of staff we spoke with said "It's not just about the numbers, it's about dependency". The movement of staff from one unit to another was occurring more as a routine solution to short staffing than exceptional practice and this was evidenced in the records of staff movements across the site. Staff we spoke with told us this was having an impact on morale and staff were described as being 'fed up and tired' and 'exhausted'.

One person told us, "I had to wait an hour and a half before there were enough staff on to come and get me up. That is the only problem. There isn't enough staff at times."

Some relatives did not always have confidence there were enough staff. One relative told us, "More and more people in this unit [Calderdale] need two staff to look after them. This could leave some people unsupervised at times" and another relative said, "I do worry about the staffing levels sometimes"

Staff on the Swaledale unit told us all people needed two staff to assist with their moving and handling and this meant some people had to wait for staff to be available. They said the staff movement sheet, which recorded when staff were moved to cover shortfalls in another unit, was only completed if cover was needed for more than six hours and this was not always an accurate reflection of cover provided. On the Airedale unit we saw staff movement records which showed 12 occasions in April 2017 and 16 occasions in May 2017 when staff had to provide cover to other units, frequently Calderdale unit. Staff told us there were 11 out of 15 people on the unit who required hoisting and therefore needed two to one support. Records confirmed at times there were sometimes only two staff available when three were on the rota due to covering in other units. On the Calderdale unit we noted one person's care record said they should be supported with three staff for all interventions, but there were times when only two staff were present. Staff told us if necessary they would call upon the support from another unit.

Where there was a host/ess deployed in each unit this supported staff to meet people's needs very well. However, on the Calderdale unit we saw the host/ess was not present during one of the inspection days and this impacted on the level of attention people received at the busy meal time. For example, some people did not get served on time and were not always supported to make meal choices. We saw one person had to wait 50 minutes for their meal to be served, after others had been served theirs.

On the Wharfedale unit we saw the medicines round took more than two hours and the member of staff responsible was interrupted several times to attend to people

We concluded the provider was in breach of in breach of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014, regulation 18, staffing.

The registered manager told us there had been an increase in staffing for activities, with more hours and activities staff in each unit daily. We saw this impacted positively on people's care, although not all activities staff were present during the inspection.

People did not have unsafe access to medicines. Medicines storage and recording was appropriate and demonstrated medicines were managed safely overall, although the medicines round was interrupted several times on the Wharfedale unit. Similarly, the morning medicine round on the Calderdale unit took a long time to complete, with the nurse disrupted several times. This meant people were unable to have their prescribed pain relief in a timely way as there was not enough time for the doses to be spread evenly. We noted one person had a reviewed change of their medicine, yet their care record stated 'remains the same'.

There were clear protocols in place where people needed medicines 'as required' (PRN) and staff were aware of how to support people's needs. People told us they received their medicines on time. We heard staff asking people if they had any pain and they offered pain relief when people said they needed this. Staff were observant of people's non-verbal signs of pain and we saw these were recorded in people's care plans. Stock balances we checked were accurate overall, although there was a discrepancy of one tablet on the Wensleydale unit, which staff immediately responded to.

People and relatives felt medicines were given on time. One relative said, "There is always a dedicated nurse on duty - they make sure all the medication is given on time."

We found standards of cleanliness and hygiene in the service were good and staff used effective cleaning regimes to minimise the risk of infection. There were no malodours in four of the five units, although we noticed the Calderdale unit had odours of urine and some of the armchairs we sat in in the communal lounge were stained and wet with urine. The management team told us they would address this promptly following the inspection.

Requires Improvement

# Is the service effective?

## Our findings

People we spoke with told us they were confident staff had the abilities to provide effective care. Relatives were confident that the staff team were skilled to care for their family members. Comments included, "The staff know exactly what they are doing - we have every confidence in them", "They know everything there is to know to deal with [my family member's] health needs", "They always let me know if [my family member] is seeing or has seen the doctor", "We have got the optician coming next week. They are good arranging things like that" and "They involve us in everything, no major decision is made without full consultation with families". They also said they were involved in decision making about their family member's care and support needs where appropriate. Staff were seen and heard asking consent from people before providing care or support.

Staff we spoke with were confident in their role and the training they received. Staff said they found the designated trainer effective in ensuring they had the necessary skills, such as for moving and handling. One member of staff said they were encouraged to complete training and this helped them to understand how to support people. For example, 'person first, dementia second' training helped them support people living with dementia. Another member of staff said "I get all the training I need to do my job well". One of the host/esses we spoke with said "I wish I was included in any training around dementia. I have so much to do with the residents, I think it would help me understand more."

Staff training information was maintained up to date, with electronic alerts for the registered manager when staff training was due to expire. Training was a mixture of face to face and computer training, with practical elements where necessary. Staff we spoke with said they felt supported through regular supervision. The registered manager told us the system for supervision had been reviewed and was now a 'conversation' with a rolling agenda to maintain continuity of matters discussed.

We found some staff who supported people living with dementia did not always have sufficient skills or knowledge of the people to meet people's needs. For example, we heard one member of care staff on the Calderdale unit repeatedly ask another member of staff about people's needs and it was evident they did not usually work on the unit. Some training materials we saw around dementia care were poor quality photocopies, although the registered manager said all documentation was available in legible format.

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 they can receive care and treatment when this is in their best interests and legally authorised under the MCA. The application procedures for this in care homes are called the Deprivation of Liberty Safeguards (DoLS). We checked whether the service was working within the principles of the MCA, and whether any conditions on authorisations to deprive a person of their liberty were being met.

The registered manager had an understanding of the principles of the MCA and DoLS and had made some appropriate applications, although processes were not always followed accurately with regard to obtaining people's consent to care and treatment. Decisions were recorded in people's best interests but it was not always clear how the person had been consulted regarding their care. For example, one person's records we reviewed showed they did not lack capacity but there had been no consent sought for administering their medicines covertly, yet this had been agreed to be done in their best interests. There was no evidence of their consent for the use of a sensor mat to be in place. For another person we found there was no mental capacity assessment for any aspect of their care other than the use of anti-psychotic drugs. One person's relative had signed a consent form on behalf of their family member, but it was not evident they had the authority to do so.

We found most staff understood the principles of the Mental Capacity Act and how to promote people's rights. Staff we spoke with said they would always assume a person had capacity. However we found the mental capacity assessments were variable throughout the service and staff were not always aware of which people had a DoLS in place or the conditions associated with this. We recommend the provider reviews the mental capacity assessments across the site to ensure consistency.

There were choices for people in their daily routine and staff showed respect for people's right to choose, for example, where they wanted to sit or what they wanted to eat, although at lunchtime we saw people's food was already plated up without any discussion about quantities or component parts. Many people told us staff respected their right to choose, although one person said they were not normally offered choices and staff were 'putting on a show'.

Mealtimes were pleasant and sociable occasions on the whole, although there was a contrasting experience for people living on the Calderdale unit due to the poor deployment of staff. Meals were provided to each unit from a main kitchen via a heated trolley system. The host/ess role was to provide drinks, meals and general hospitality to people and their visitors. Although the staff work from pre-planned menus, meals provided were based on people's stated likes and dislikes and people chose what they would like to eat and when. In some units we saw soft music played in the background whilst people ate, creating a relaxed atmosphere.

Although the staff were seen to be very calm and patient when delivering meals and reminding people what was on their plate, the Calderdale unit lacked organisation at mealtimes and people repeated left the dining area without eating. There was no host/ess on the Calderdale unit on day one of the inspection to support people. On day two of the inspection we saw the host/ess was knowledgeable about people's nutritional needs, such as soft or moist diets to reduce the risk of choking and there were smaller plates to reduce portion sizes where this was the person's preference.

On the Airedale unit we saw one person in their room had not been given their lunch on the first day of the inspection and we brought this to staff's attention. Staff then promptly served lunch to the person. On the second day of the inspection we saw people were all served in a timely manner.

We found staff understood people's dietary needs and we spoke with the chef who was very knowledgeable about effective nutrition. People enjoyed the food and this was presented in an appetising way, with effective support for people who needed one to one assistance. In the Calderdale unit we saw finger food platters were available to support people's food intake.

People's comments about the food included, "The food is good - I like what they give me", "I am having chicken today - I love chicken" and "The food is good." "There is ample food, more than enough. I feel full

and it's time to eat again. There's a choice if you want something else as well"
Relatives told us, "My [family member] now eats far better than when [they were] at home. [They have] put weight on, which is a good thing, "My [family member] likes the food here" and "People can have whatever they like."

We saw there were regular drinks offered to people throughout the inspection. People's preferences, such as milky or fizzy drinks were met. Where people had swallowing difficulties and needed thickened fluids there was clear information for staff to follow. However, we found people's care documentation was not clear regarding the monitoring of food and fluid intake. There were no stated daily target amounts of fluids for people and there were gaps in the records of people's fluid intake, so it was not possible to see whether they had suitable provision of drinks. There was no tally of fluid amounts and where records showed people had not had much to drink, there was no evidence of any action taken.

In some people's care records we saw evidence of GP referrals where there were concerns about their weight. However, in three people's care records we saw no evidence of action taken following weight loss and there was no evidence the person was weighed weekly as per their care plan. The chef told us weight loss was reported to the kitchen, although it was not always evident what was being done in response.

We saw effective teamwork and staff communicated well with one another in routine ways and at set times, such as handover meetings from shift to shift. We observed some handover sessions and the level of details shared meant staff had a clear summary of each person's needs and how to support them. We found written handover documentation was not as purposeful.

There was plenty of evidence of involvement with other professionals and we saw care records showed when people's needs were met through staff working together with district nurses, GPs, chiropodists and a range of others.

We saw the environment was bright, welcoming and inviting, with recent improvements made to the décor and to support people living with dementia. Small seating areas and suitable furnishings helped to create a homely atmosphere for people. People, visitors and staff commented positively on how much they liked the look of the units.

Requires Improvement

# Is the service caring?

## Our findings

People told us they felt well cared for and their personal preferences were taken into account. People's comments included, "The staff are really kind", "I think the staff are great", "Staff really do care, they're all lovely".

One person gave a thumbs-up sign and had a very wide smile when asked if they liked the staff. One person was showing signs of excitement and calling out loudly [staff member's name] as we talked about their favourite member of staff.

Staff we spoke with said they would be happy for a relative of theirs to live at West Ridings. One member of staff said, "I treat people as I would like to be treated" and another said "As long as the service users are happy - then I am". Another member of staff said, "I always think, if this person was my mum or dad, to make sure they have good care".

Relatives we spoke with said their family members were cared for and all were very happy with the care their family members received. One relative said, "Smashing, we're looked after too" and another said, "Staff are fantastic". One relative told us their family member's dignity was supported 'without a doubt'. Another relative said, "Some staff are amazing. They should be acknowledged for what they do".

Other comments included, "They work so hard to keep my [family member] happy - especially the host worker", "The staff are marvellous - they are kindness itself", "What can I say, they are all wonderful" and "I cannot think of a thing that could be improved - when it comes to caring for folks here."

Staff attitude and interaction throughout the service was patient, kind and caring. The atmosphere on four of the five units was calm and relaxed. On the Calderdale unit we found staff were kind and caring, although they did not have enough time to spend with people, particularly during the morning and the lunchtime period. After the lunch time meal, the Calderdale unit was calmer and there was a lot of laughter and friendly banter between people and staff. Relatives and visitors were welcomed in a very friendly manner.

People were smartly dressed and staff paid attention to supporting people's appearance where they were unable to do this for themselves. Staff complimented people on their appearance, such as when they had brushed their hair. Staff noticed where people needed support. For example, one person looked uncomfortable and we saw a staff member offer them a cushion for their back. Another person felt cold and staff brought them a cardigan. We saw one person looked very sad and was crying, so a member of staff sat and gently reassured them. One member of staff offered to clean a person's glasses, to which they smiled when they could see better.

People's bedrooms were personalised with their own belongings and special items, such as family photographs and ornaments. One person described their room as 'my little cosy home'.

People's privacy and dignity was upheld in the way staff cared for people. On the first day of the inspection,

we arrived at 5.30am on each unit. Part of our inspection focus was on making sure people received care that was individual to their needs and preferred routines. A recent television documentary had highlighted some serious concerns about poor standards of care in Bupa care homes and allegations of institutionalised care. We checked to see if people's individual sleep preferences were followed and we found they were. There was no evidence of institutionalised care at West Ridings Care Home and we saw staff had good regard for people's morning routines and their waking times. Staff discreetly showed us where people were still in bed and we saw they were mindful of ensuring people's privacy in doing so. However, we noted not all staff lowered their voices whilst people were sleeping.

One person we spoke with said, "The staff always ask my consent before helping me. They also always knock on my door before coming in, they do give me privacy if I want it."

We saw care was provided according to people's individual preferences and needs. For example, on the Wharfedale unit, where people were awake early, they said this was their choice. On the Swaledale unit we saw one person chose to have a lie-in and a shower before any visitors came and their relative confirmed this was the person's preferred routine.

Care records reinforced the need to ensure people's dignity and privacy and there was a focus on what people could do for themselves, promoting their independence. In practice we saw many occasions when people's independence was encouraged, but this was not consistent across all units.

We carried out a SOFI (Short Observational Framework for Inspection) on the Wensleydale unit and this showed interactions were supportive, positive and caring. However, staff did not always demonstrate how to support people living with dementia on the Calderdale unit.

Staff were discreet when supporting people with their personal care and there were sufficient supplies of continence aids, although people's continence needs on the Calderdale unit were not always met in a timely way. For example, we saw one person's care plan stated they needed reminding about continence, yet there were two incidents observed where their needs were not met. We saw the person was not reminded to use the toilet from 5.30am until 10.30am on the first day of the inspection and this meant staff had to support them with a change of clothing.

On the second day of inspection we saw one person asleep in a chair all morning. No one had interacted with this person; they were asleep when their meal was placed in front of them on a small table by a member of staff who then walked away without informing the person it was there. When staff brought them a drink a few minutes later, the person woke to eat their lunch. Afterwards the person arose from their chair and we saw their trousers were very wet and they were not wearing any footwear. We observed five members of staff speaking with this person as they walked around for over 20 minutes before a staff member noticed they needed support. This person had been sitting in the same chair since we arrived in the house at 9.30am until this incident at 2pm.

People's needs in relation to their religious, cultural, spiritual and sexual identity were documented on their care records and we saw staff supported people in individual ways. For example, one person wore their rosary beads and another person told us how they had visits from the local vicar. There were regular church services on-site and these were offered in a very interactive manner. Records indicated that people enjoyed this expression of worship.
People's end of life wishes were discussed and documented where appropriate.

Requires Improvement

# Is the service responsive?

## Our findings

Comments we received were mostly positive about how the service responded to people's needs. One person told us, "There is always some activity or other on. I'm not really into it though. I find a lot of it boring to be honest. We do play bingo, but I daydream, then I've missed some numbers and I'm lost. I enjoy the quizzes and I do my jigsaw in the lounge. We have a fish and chip supper now and then and families can come along. We don't really go on day trips or to the seaside as a lot of the residents just wouldn't be up to it. I can have visitors night or day though, there aren't any restrictions on that."

Another person said, "The staff just don't have the time to sit and talk to us. They have that much to do. They have that much paperwork to fill out that I personally think it cuts into the time they could spend with the residents. They come through with armfuls of files .They do chat a bit when they can, and when they come in my room they'll sometimes have five minutes, but on the whole they don't really have the time."

One person said "I can do what I want when I want to and I have a quality of life that I just didn't have at home." And another said, "I do feel that they keep me aware of anything that is going to change. The staff are good at keeping us informed."

Another person told us, "I decide on the times that I get up and go to bed. I'm usually the last to go. It's normally 10.30pm, but if I say I'm watching the TV till 11.15pm, the staff are fine about it and they'll just come back when the programme has finished. They're very good like that. And no, I've never had to make a complaint. I mean, I do, I'll jokingly say to them 'right, get me a complaint form' but it's all in good fun. Life is too serious at times and it's nice to have a laugh and a joke with people."
One relative said, "The staff have been excellent. [My relative] couldn't walk when [they] came here from the last place, but they've gotten [them] walking again. [They] had lost three and a half stone, and the food and diet has helped [them] to put it back on. I can't praise the home enough really."

One person told us, "My buzzer is always near. The staff make sure of that. They always move things on my table out of its way so I can always see it clearly."
"The staff are certainly competent and look after [my relative]. [They have] been here for over 12 months now. I don't know about a care plan though I'm certainly not involved in it if there is one"

There was evidence throughout the service of person centred care and we found what was written in people's care plans was happening in practice overall, with some exceptions. We saw on the whole, people were supported in in meaningful ways according to their needs and preferences. For example, one person's care plan said they liked their door ajar when they were in bed and this happened in practice. We saw one person enjoyed breakfast in bed and another person preferred to wait until their relative arrived before having a shave. Where care plans showed people needed glasses, we saw these were being worn. Equipment, such as pressure cushions and walking frames was in use in keeping with people's plans of care. Staff were aware when people needed items such as adapted cutlery and cups or plate guards and they made sure these were available to them. If people wished to smoke they were supported to go outside.

The registered manager told us there was an increase in hours for activities staff so each unit had a designated activity staff each day, although at the time of the inspection, some activities staff were on leave.

When staff had time to interact with people, conversation and activities were meaningful. We saw some activities enhanced people's daily experiences. For example, one person enjoyed drawing and we saw they had access to all their materials. Another person enjoyed cake decorating and they had creative opportunities to support their interest. One person, interested in music, told us the vicar had been and involved them in music sessions, such as classical and brass bands. Another person told us it was their birthday and they were helped to celebrate with a cake at tea time. The activities staff played a game with a ball which had conversation prompts when it landed and we saw this sparked some lively chatter. On the Airedale unit we saw the television played but no one was watching, although there was organised activity later in the day which people enjoyed.

On the Calderdale unit we found staff were not deployed effectively to ensure person-centred care and some people were left in their chairs for long periods, with little interaction or support for personal care. For example, on the second day of inspection we saw no one was asked if they wanted to use the toilet before their meal. Some people had been sitting in chairs within the lounge without moving from 9.30am until after the main lunchtime meal and beyond.

There were no meaningful opportunities available on the Calderdale unit to people offering variety to their morning. After breakfast most people sat in chairs around the large lounge area with very little stimulation until lunchtime. Although there was a dedicated host and care worker in this area on day two of the inspection we saw three people who had very little or no interaction from staff.

We saw the activity staff arrived in the lounge area to explain that they would be working with people after lunch. They asked the care staff in the lounge to undertake an activity where people were shown large pictures of famous people from the past. The member of staff showed two pictures to one person, then the activity stopped. In the afternoon we saw the activity staff supporting people with activities and they had undertaken arts and crafts with people, and arranged exercise sessions.
One member of care staff in the lounge area was from another unit and did not know all of the people. Although they were very caring and attentive, they did not always understand people's individual needs. They continually asked other staff about people's preferences but did not always respond appropriately.

One relative told us their family member was not given access to their personal toiletries because staff felt this would pose a risk, but this had not been discussed with the person. There was a lack of meaningful activity taking place and people sat passively with little to do. One relative said staff had batted a balloon around and this was not appropriate for their family member. We saw there was both a television playing and music on with competing sounds, which was confusing for people.

We saw nine people on the Calderdale unit without any footwear on. Staff told us one person chose to remove their footwear but other people should have been wearing theirs.

We saw there was written feedback from a visiting professional about the way the activities staff worked well to enhance care for people. We saw activities were scheduled, such as bingo and painting, and where this took place people were engaged and enjoyed joining in. People told us about quizzes, 'move and groove' and nail care. However, some activities were limited and there was a mixed response from people and relatives about this, with some relatives saying there was not enough for people to do.

Care records showed details of 'my day, my life, my portrait' which took account of people's life histories,

some of which were more detailed in content than others. There was mixed evidence throughout the units of people's involvement in their care planning and reviews of their care. For example, people on the Swaledale and Wensleydale units were involved and included in care plan reviews, but there was little evidence of this on the Wharfedale unit. On the Calderdale unit there was little involvement of people in their care planning and whilst there was good detail about people's interests, this did not link with their daily experiences in the home.

We saw pre-admission information was detailed for staff to understand people's needs on entry to the home. Information in care records was easy to locate in order for staff to support people's care needs and these were maintained regularly to ensure information was up to date. Where people had additional health needs, there was extra information in the care plan, such as for diabetes or seizures. Some daily notes were more task focused than written in a person-centred way. There was evidence of regular checks and care delivered, such as for pressure relief, with staff updating records as they supported people. We saw where people were unable to use their call bell, staff made regular checks and documented this. On the Calderdale unit staff recorded people's individual times of waking and the regular checks made on people through the night.

The complaints procedure was known by people and relatives and there was information displayed for people to show who to make any complaints or suggestions to. We saw compliments recorded where people had thanked staff for their care.

There was evidence of relatives and residents meetings, although on the Calderdale unit these had not taken place frequently. Since June 2017 it had been agreed that there would be a 'relatives committee' for the whole service. Relatives confirmed that these meetings had begun and that' things were in the early stages'.

One relative said, "We are made to feel welcome and are involved with as much as we can be" and another relative said, "I did have a concern about something. I saw [registered manager] and it was dealt with immediately" and another relative said, "The management and staff deal with problems straightaway". Another relative told us, "I've never had to complain but I would know what to do if I did.  I would go straight to the manager. I believe they do have relatives meetings but we haven't managed to get to any. I do know the manager and [they are] good at ringing if [my family member] has any kind of problem. I'm glad we brought [them] here. It's the best home that we've found."

Requires Improvement

# Is the service well-led?

## Our findings

There was a registered manager in post who had worked at the service for almost two years. They were supported in their role by the clinical services manager and a newly created post of resident experience manager. These managers had oversight of people's care in each unit and this informed the registered manager's overview of the quality of care overall.

Relatives and staff were all positive about the registered manager and the way the service was run. A few relatives said that they were now involved in the 'relatives committee' group, a method by which relatives' voices can be heard and acted upon. One relative told us, "We have always been eager to be involved in meetings. We are members of 'relatives committee' group but it is very early days to say if it's making a difference"

People, staff and relatives gave praise for the way each unit was run and for the availability and visibility of the registered manager. We saw the management team was active and visible in the service. Staff we spoke with said they felt supported with training and supervision and they could approach their line manager at any time.

We found there were good communication links between the unit managers and the registered manager on the whole, with clear processes for sharing information and highlighting risks. Each unit had a governance file with key information and evidence of regular team meetings and briefings.

Audits were in place to monitor the quality of the provision, and we found evidence of regular manager checks including spot checks at night or very early mornings and routine competency checks of practice. However, some audits were not always effective, particularly regarding practice in the Calderdale unit and the impact of staff movement across the site. Out of date information about fire safety had not been identified through internal checks, such as daily walk rounds.

We concluded there was a breach in the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014, regulation 17 because although quality assurance systems were implemented, these required further rigour to ensure consistency of quality across the whole site.

Premises checks were regularly carried out and there was evidence of planned development for improving the environment further, such as new conservatory roofs. The service was forging links with the local community, through plans to develop the garden areas in conjunction with local business.

The registered manager held an overview through their quality metrics on key areas of people's care, such as pressure ulcers, nutrition, mortality, medication, safeguarding, GP reviews, concerns and compliments. Monthly home reviews were carried out by senior managers within the organisation and these resulted in a red, amber, green rated score, with actions identified and clear lines of accountability. We saw evidence of where accidents and incidents had been evaluated and pertinent information shared across all the units to inform reflective accounts of practice.

The registered manager told us they were keen to promote an open, transparent culture within the service and they were aware to try to prevent 'cliques' amongst the staff team in order for everyone to work at their best. Staff surveys had been sent out and reviewed to show strengths and areas to improve. The management team had taken on board the staff feedback and were considering ways to enhance systems to support staff in their work.

We found much evidence of clear communication across the whole site and information sharing between the units. The management team were responsive to issues raised throughout the inspection, taking swift action where matters could be rectified.

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 17 HSCA RA Regulations 2014 Good governance<br><br>There were weaknesses in the consistency of quality assurance systems across the whole site. |

| Regulated activity | Regulation |
|---|---|
| Accommodation for persons who require nursing or personal care | Regulation 18 HSCA RA Regulations 2014 Staffing<br><br>Staffing levels and deployment of staff did not meet all people's needs |