

# Centenary Care Homes Limited

# Centenary House

## Inspection report

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### Ratings

Overall rating for this service

Requires Improvement 

Is the service safe?	<b>Requires Improvement</b> 
Is the service effective?	<b>Good</b> 
Is the service caring?	<b>Good</b> 
Is the service responsive?	<b>Good</b> 
Is the service well-led?	<b>Requires Improvement</b> 

# Summary of findings

## Overall summary

### About the service

Centenary House is a residential care home providing personal and nursing care to 10 people aged 65 and over at the time of the inspection. The service can support up to 13 people. All bedrooms are on the ground floor with a communal lounge and conservatory.

### People's experience of using this service and what we found

People and their relatives told us that there had been a lot of improvement in the management of the service and the delivery of care.

The management of medicines at the service had improved, however the recording of applications of topical medicines such as creams was not effective. We have made a recommendation about this. There were no instructions to guide staff about 'as required' medicines; however on the second day of our visit these had been put in place. People and their relatives were confident they were safe at the service, a typical comment was, "Oh yes I feel safe, I'm not in the slightest bit worried." Relatives confirmed improvements had been made to the cleanliness of the service. Risks to people both individual and from the environment were assessed and plans put in place to keep people safe.

The environment had areas with worn furniture and carpets and some parts of the home needed decoration. People were supported by competent staff who were trained and supervised. People were complimentary about the food and told us they had choice. Where people needed particular diets there was information to guide staff and the chef. People were supported to have maximum choice and control of their lives and staff supported them in the least restrictive way possible and in their best interests; the policies and systems in the service supported this practice. People were supported to receive the health care they needed.

People and their relatives were complimentary about the staff team and the delivery of care. A relative said, "We are very happy with the care here." People were supported to live as they wished, and their independence was promoted. Staff respected people's privacy and dignity and sought consent before delivering any care. Staff knew people well and we observed warm and friendly interactions between people and staff.

Care plans were person-centred and guided staff to deliver care in the way individuals' preferred. They contained detailed information about people's preferred routines and interests. There was a range of activities available; some people did not wish to attend and this was respected. Complaints were responded to quickly and used to improve the running of the service. When people approached the end of their life the staff team worked with the district nurse team and GP to manage this.

Leadership and oversight at the service had improved. This is still a work in progress, however there are now mostly effective systems of governance in place. The manager has addressed all the regulatory breaches

and has put in place systems to monitor the service. However, the systems in place, while identifying shortfalls in the recording of creams application, had not rectified this. There was a plan in place which identified further work needed on the environment. The culture was now person-centred and aimed to be inclusive of staff, people and relatives. The manager learnt from any incidents. During our inspection when we identified any shortfalls the manager took immediate action.

For more details, please see the full report which is on the CQC website at [www.cqc.org.uk](http://www.cqc.org.uk)

#### Rating at last inspection and update

The last rating for this service was requires improvement (Published May 2019) and there were multiple breaches of regulation. The provider completed an action plan after the last inspection to show what they would do and by when to improve. At this inspection we found improvements had been made and the provider was no longer in breach of regulations.

This service has been rated requires improvement for the last six consecutive inspections, however we found significant improvement had been made since the last inspection.

During this inspection the provider demonstrated that improvements have been made. The service is no longer rated as inadequate in any of the key questions. Therefore, this service is no longer in Special Measures.

#### Why we inspected

This was a planned inspection based on the previous rating.

We will continue to monitor information we receive about the service until we return to visit as per our re-inspection programme. If we receive any concerning information we may inspect sooner.

## 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 always safe.

Details are in our safe findings below.

**Requires Improvement** ●

### Is the service effective?

The service was effective.

Details are in our effective findings below.

**Good** ●

### Is the service caring?

The service was caring.

Details are in our caring findings below.

**Good** ●

### Is the service responsive?

The service was responsive.

Details are in our responsive findings below.

**Good** ●

### Is the service well-led?

The service was not always well-led.

Details are in our well-led findings below.

**Requires Improvement** ●

# Centenary House

## Detailed findings

### Background to this inspection

#### The inspection

We carried out this inspection under Section 60 of the Health and Social Care Act 2008 (the Act) as part of our regulatory functions. We checked whether the provider was meeting the legal requirements and regulations associated with the Act. We looked at the overall quality of the service and provided a rating for the service under the Care Act 2014.

#### Inspection team

The inspection team consisted of two inspectors and an 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.

#### Service and service type

Centenary House 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.

The service did not have a manager registered with the Care Quality Commission. This means that they and the provider are legally responsible for how the service is run and for the quality and safety of the care provided. The manager in post had started the process of applying to register.

#### Notice of inspection

This inspection was unannounced.

#### What we did before inspection

We reviewed information we had received about the service since the last inspection. We sought feedback from the local authority and professionals who work with the service. We used the information the provider sent us in the provider information return. This is information providers are required to send us with key information about their service, what they do well, and improvements they plan to make. This information helps support our inspections. We used all of this information to plan our inspection.

#### During the inspection

We spoke with eight people who used the service and seven relatives about their experience of the care provided. We spoke with four members of staff including the manager, a senior care worker and care workers.

We reviewed a range of records. This included four people's care records and multiple medication records. We looked at four staff files in relation to recruitment and staff supervision. A variety of records relating to the management of the service, including policies and procedures were reviewed.

#### After the inspection

We continued to seek clarification from the provider to validate evidence found. We looked at training data and quality assurance records. We spoke with a professional who regularly visits the service.

# Is the service safe?

## Our findings

Safe – this means we looked for evidence that people were protected from abuse and avoidable harm.

At the last inspection this key question was rated as requires improvement. At this inspection this key question has remained the same. This meant some aspects of the service were not always safe and there was limited assurance about safety. There was an increased risk that people could be harmed.

At our last inspection the provider had failed to robustly assess the risks relating to the health safety and welfare of people. This was a breach of regulation 12 (Safe Care and Treatment) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

- People were not always protected from risks and avoidable harm.
- The management of people's medicines was not always safe.
- People were not adequately protected from the risk of infection.
- People were not adequately protected from the risk of fire.

Enough improvement had been made at this inspection and the provider was no longer in breach of regulation 12.

### Assessing risk, safety monitoring and management

- People living at the service now had plans in place to manage any risks to their health and well-being. Risks such as falls, skin integrity and social isolation were assessed and plans put in place to reduce these risks. People at the risk of choking had been assessed and plans put in place to minimise this risk.
- Environmental risks were assessed, and actions taken to keep people safe. All radiators within the service were covered to protect people from the risk of burns. A fire risk assessment had been carried out and regular checks and maintenance of fire systems were undertaken. Each person had an individual evacuation plan in place; however these could be more detailed.

### Systems and processes to safeguard people from the risk of abuse

- The service had systems and processes in place to safeguard people from abuse. Staff understood how to report concerns and records showed that any concerns had been reported and any identified actions implemented. We spent time with people living at the service and staff. People told us, "I feel safe living here- it's very good here, they keep an eye on me". A relative said, "[Name] is safe we have no qualms."

### Staffing and recruitment

- There were sufficient numbers of staff to keep people safe and to meet their needs. People were attended to quickly but in a calm and unhurried fashion. Staff told us there was enough of them to meet people's needs. Throughout the day we observed staff spending time chatting to people. We looked at staff rotas which showed one member of staff working over 60 hours a week, however they told us it was their choice.

- People had mixed views on staffing levels. One person said, "I think there are enough staff here, I'm quite satisfied," whilst a second person said, ""No, they haven't got enough. The girls have too much to do, they are very patient with us." A relative commented, "I would recommend the home but feel there aren't enough staff. I believe that it is the accepted ratio. Things have improved an awful lot since the new manager arrived."

- The provider followed a recruitment procedure to reduce the risk of employing unsuitable staff. Staff files showed the provider had carried out checks before employing new members of staff. All contained a Disclosure and Barring number (DBS) this is a check that is made to ensure potential staff have not been convicted of any offence which would make them unsuitable to work with vulnerable people. Staff files also contained proof of identity, an application form, a record of their interview and two references.

#### Using medicines safely

- The storage and administration of medicines had improved. On the first day of our inspection we found there was a lack of information in place in respect of 'as required' (PRN) medicines. When we returned on the second day of inspection the manager had taken action and each person now had a detailed person-centred plan in place in respect of these medicines.

- However, staff did not consistently record the application of topical medicines. We did not find any evidence that people were not receiving these medicines. We recommend the provider implement an effective system for recording and monitoring the application of topical medicines.

#### Preventing and controlling infection

- People we spoke with told us they were mainly satisfied with the level of cleanliness at Centenary House but some relatives told us there were occasional lapses. One person told us, "Clean? It looks clean to me." A relative said, "Cleanliness has improved a lot. Before the personal care wasn't good and the floors weren't washed regularly so I complained. Now I have no qualms."

- The provider had systems in place to protect people from the risk of cross-infection. Staff understood how to avoid cross infection and told us they used personal protective equipment, such as gloves and aprons, which they changed between providing care to people.

#### Learning lessons when things go wrong

- There were now effective systems in place to identify and analyse any incidents. Where incidents and accidents had occurred, action had been taken to minimise the risks of reoccurrence.



# Is the service effective?

## Our findings

Effective – this means we looked for evidence that people's care, treatment and support achieved good outcomes and promoted a good quality of life, based on best available evidence.

At the last inspection this key question was rated as requires improvement. At this inspection this key question has now improved to good. This meant people's outcomes were consistently good, and people's feedback confirmed this.

At our last inspection the provider had failed to employ enough suitably qualified and skilled staff and had not ensured staff were suitably trained and effectively supervised. This was a breach of regulation 18 (Staffing) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

Enough improvement had been made at this inspection and the provider was no longer in breach of regulation 18.

Assessing people's needs and choices; delivering care in line with standards, guidance and the law

- People's needs were assessed holistically, and care was delivered in line with their needs and preferences.

Staff support: induction, training, skills and experience

- People were supported by staff who had undergone an induction programme which gave them the basic skills to care for people safely. Staff received ongoing training and now received regular supervision.

Supervision is where staff meet with a senior staff member to review and discuss work or any other issues affecting the people who use the service.

- A relative told us, "Staff are competent and well trained- they have regular training." Staff told us training and supervision had improved, "It's a lot more organised, I had training which I didn't have at the start, it's much more supportive."

- The manager explained that some training was still outstanding, however she ensured staff did some training each month.

Supporting people to eat and drink enough to maintain a balanced diet

- People were supported to eat and drink enough. Staff supported people to choose their meals if necessary. There was a daily menu on display and a choice of meal. We observed lunch; care was taken serving up the meals and they looked and smelt appetising. One person told us, "Food is good, there is enough within reason. I have my meals in my room, they ask what I want in the morning." A relative said, "They know all her likes and dislikes and her favourite foods."

- People's care plans contained information about any support they needed with eating and drinking. Where necessary people had a specific plan in place should they need a soft or blended diet or thickened fluids. One person told us, "My food is liquidised, I get drinks whenever I ask."

Staff working with other agencies to provide consistent, effective, timely care; Supporting people to live healthier lives, access healthcare services and support

- Everyone we spoke with told us that they or their loved ones were able to receive prompt medical attention. A relative told us, "The GP visits every week and will always come and visit [Name] at other times."

- People's care records contained clear information about any health appointments or needs. Contact with any health professional was recorded; where any follow up was needed this was also recorded. Records showed advice and instructions from health professionals was followed.

Adapting service, design, decoration to meet people's needs

- The provider had carried out some improvements to the environment; however, there was further work needed. Some carpets needed replacing and furniture in communal areas and bedrooms was worn and in need of replacement. The manager had a plan in place which identified improvements needed.

Ensuring consent to care and treatment in line with law and guidance

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

People can only be deprived of their liberty to receive care and treatment when this is in their best interests and legally authorised under the MCA. In care homes, and some hospitals, this is usually through MCA application procedures called the Deprivation of Liberty Safeguards (DoLS).

We checked whether the service was working within the principles of the MCA.

- Staff had a clear understanding of the Mental Capacity Act 2005 and how to make sure people who did not have the mental capacity to make decisions for themselves had their legal rights protected. Consent was clearly recorded in people's care plans.

- Where people had been deemed to lack capacity to make decisions family and professionals had been involved in making decisions in people's best interests. Some people had a Power of Attorney in place which legally authorised appointed people to make decisions on their behalf. Copies of these legal documents were in their care records.

# Is the service caring?

## Our findings

Caring – this means we looked for evidence that the service involved people and treated them with compassion, kindness, dignity and respect.

At the last inspection this key question was rated as requires improvement. At this inspection this key question has now improved to good. This meant people were supported and treated with dignity and respect; and involved as partners in their care.

At our last inspection the provider had failed to ensure people were treated with dignity and respect. This was a breach of regulation 10 (Dignity and Respect) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

Enough improvement had been made at this inspection and the provider was no longer in breach of regulation 10.

Ensuring people are well treated and supported; respecting equality and diversity

- All staff interacted with people in a friendly and caring manner. Staff knew people well and always spoke to them and acknowledged them when they came into a room. Staff dealt with people's needs in a caring and sensitive way. We observed staff intervene in an altercation between two people in a relaxed, friendly but effective way.
- People told us, "I like it here, I'm happy, but there's no place like your own home. They are very caring, very good. They treat me well." Another person commented, "We're looked after nicely, we're not bossed about." Relatives said, "The staff are caring here."
- People were supported emotionally, one person's care plan advised staff, "Sometimes if I have fallen asleep in my chair I can become disorientated or confused and think things have happened or not. Sometimes I need the carer to reassure me when this happens as I can become upset or emotional."

Supporting people to express their views and be involved in making decisions about their care

- Everybody's care plan was written from the perspective of people's preferences and contained details about this. One person's care plan stated, "I like my bed to be facing the window so I can see what is going on in the conservatory." Another person's care plan directed staff to leave their bedroom door open at night with the light off as they liked to see people passing.

Respecting and promoting people's privacy, dignity and independence

- Everybody we spoke with confirmed that staff treated them with respect and were mindful of their privacy and dignity
- Staff always knocked on people's doors before entering. Doors and curtains were closed when personal care was delivered. Care plans were person-centred and contained detailed information about how to

support people's independence. One person's care plan stated, "I like to do a lot of my personal care to remain as independent as I can." All the plans we looked at identified clearly what people could do independently and what they needed support with.

# Is the service responsive?

## Our findings

Responsive – this means we looked for evidence that the service met people's needs. At the last inspection this key question was rated as requires improvement. At this inspection this key question has now improved to good. This meant people's needs were met through good organisation and delivery.

At our last inspection the provider had failed to ensure people received person-centred care and treatment. This was a breach of regulation 9 (Person-centred Care) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

Enough improvement had been made at this inspection and the provider was no longer in breach of regulation 9.

Planning personalised care to ensure people have choice and control and to meet their needs and preferences

- All the care plans we looked at contained detailed information about people's preferences. This included information about their preferred morning, daily and bed-time routines. Care records included a life story book; one person had completed this themselves whilst another person had declined.
- One person had a stair gate across their bedroom door. It was clearly documented that the person wished the gate to be there in a closed position to stop people entering their room as they liked their door open.

Meeting people's communication needs

Since 2016 onwards all organisations that provide publicly funded adult social care are legally required to follow the Accessible Information Standard (AIS). The standard was introduced to make sure people are given information in a way they can understand. The standard applies to all people with a disability, impairment or sensory loss and in some circumstances to their carers.

- People's individual communication needs were assessed and recorded in care plans.
- Staff gave examples of how they met people's communication needs. For example, one person had a communication sheet in their bedroom.
- Staff knew people well and responded to their individual communication needs.

Supporting people to develop and maintain relationships to avoid social isolation; support to follow interests and to take part in activities that are socially and culturally relevant to them

- People's friends and relatives were encouraged to visit their loved ones and were able to visit at any time.
- Care records contained information about people's interests. Some people liked to take part in all the activities on offer at the service whilst others declined. There was information on display in the hall about upcoming activities. These included singing, quizzes, mindfulness and meditation and colouring. However, activities were only available three days a week.
- Two of the people living at the service did not wish to take part in activities. One person told us, "I'm quite

content to sit in my room. I'm not interested in the activities." This was documented in their care plans and there was information about how they liked to spend their time. For example, one person liked to listen to classical music.

Improving care quality in response to complaints or concerns

- People knew how to complain. People we spoke with told us that either they hadn't made a complaint or that they had raised minor issues and these had been dealt with quickly. One person told us, "I complained when they didn't come to take me to the toilet. They come now."
- There was a record of complaints which showed the manager had responded within agreed timescales. All complaints were answered in full, with apologies where necessary and an explanation of any actions taken. Since the new manager had been in post the number of complaints had reduced.
- One relative told us, "When they say they'll do something they do it."

End of life care and support

- We identified that not everybody had a treatment escalation plan to determine their preferences for treatment at the end of their life. However, the manager had already identified this and was working through everybody's plan with the local GP.
- Recently commissioners had wanted to move one person to a nursing home. The family objected to this as they wanted their relative to stay at the service; they felt they were being well-cared for. The manager supported the family's decision and it was arranged for the person to stay.
- The manager had worked with the family of another person who was approaching the end of their life to decide if the impact of the person knowing their diagnosis would have a negative impact. The service had arranged for 'just in case' medicines to be available.

# Is the service well-led?

## Our findings

Well-Led – this means we looked for evidence that service leadership, management and governance assured high-quality, person-centred care; supported learning and innovation; and promoted an open, fair culture.

At the last inspection this key question was rated as inadequate. At this inspection this key question has now improved to requires improvement. We have rated this domain as Requires Improvement as the provider needs to demonstrate that the improvements we found can be sustained.

At our last inspection the provider had failed to operate effective systems of governance. This was a breach of regulation 17 (Governance) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

Enough improvement had been made at this inspection and the provider was no longer in breach of regulation 17.

Promoting a positive culture that is person-centred, open, inclusive and empowering, which achieves good outcomes for people

- Everyone we spoke with during our visit told us they knew who the manager was and felt they could approach her with any problems they might have. Relatives said she was highly visible and often spoke to them while they were visiting. A person who lived at the service told us "She's [the manager] a dear, very kind. I like her she says what's what."

- Staff were very positive about the manager, "Lovely, one of the best managers I have had. Always available, she helps out." Staff told us they could approach the manager at any time. Staff told us that morale was good and they worked well together as a team.

- Since starting at the service the manager had worked to change the culture of the service to promote person-centred care.

How the provider understands and acts on the duty of candour, which is their legal responsibility to be open and honest with people when something goes wrong

- The manager had introduced a duty of candour policy which had been signed by both the manager and provider. We noted that where investigations of complaints had identified failings the manager admitted these, apologised and put measures in place to prevent re-occurrence.

- When the Care Quality Commission approached the manager for information they responded in an open and transparent manner.

Managers and staff being clear about their roles, and understanding quality performance, risks and regulatory requirements

- The manager had a good understanding of the needs of service users, staff and their regulatory responsibilities. They had introduced a comprehensive system of audits to monitor the quality of the service. Where shortfalls were identified the manager developed an action plan. Actions were signed off when completed.
- The provider was now involved in governance at the service. They visited once a fortnight and signed off the quality audits and actions completed by the manager.
- However, shortfalls in the monitoring and administration of medicines had not been identified by the medicines audit.
- The manager understood their statutory duty to notify the commission of certain incidents should they occur.
- There was no registered manager in post. The manager at the service had begun the process of applying for registration.

Engaging and involving people using the service, the public and staff, fully considering their equality characteristics

- The manager told us how one relative had complained staff did not bath their relative regularly; if they declined a bath staff did not persist or ask again. The manager arranged for the relative to attend the staff meeting to talk to staff about the effect this had. The relative confirmed this had taken place, "The manager invited us to a staff meeting to tell the staff how important we felt it was our relative had regular baths. She asked them if they would look after their own mothers like this. She is not afraid to challenge her staff."
- Staff meetings were held monthly and staff felt confident to speak up. Staff told us, "The manager is always asking about what training staff want, like pressure sores and continence nurses; we had this training."
- People told us they were unaware of any meetings between them and staff at Centenary House. However, relatives told us they took place, "We have meetings about every three months." Minutes of these meetings were recorded.

Continuous learning and improving care

- During our inspection any shortfalls identified were immediately rectified if it was possible. The manager had put actions in place to rectify shortfalls found at the previous inspection. This was still work in progress, however.

Working in partnership with others

- The manager worked in partnership with the local care commissioners and district nursing services to deliver and improve care at the service. The manager met regularly with the GP for the service. Professionals told us communication with the service had improved.