

# Golden Age Management Limited

# Attwood's Manor Care Home

## Inspection report

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## Ratings

Overall rating for this service

Requires Improvement ●

Is the service safe?

Requires Improvement ●

Is the service effective?

Requires Improvement ●

Is the service caring?

Requires Improvement ●

Is the service responsive?

Requires Improvement ●

Is the service well-led?

Requires Improvement ●

# Summary of findings

## Overall summary

The inspection took place on the 8 February 2017 and was unannounced. This service was rated inadequate following a comprehensive inspection on the 6 and 9 September 2016. There were a total of nine breaches of the Health and Social Care Act 2014. Given our concerns we considered further enforcement action against this provider which will be published when the outcome has been confirmed. . The safety and welfare of people using the service is paramount so the Local Authority had, at the time of our inspection, placed a suspension of placements on the service to ensure no further people were put at risk. People and their families currently living at the service were advised of the concerns and were given the option to move out where appropriate and the Local Authority made advocacy services available to people who may not have active family support. The Local Authority have closely monitored the service against their action plans, put in their own management staff to support existing staff working at the home and regularly meet with the provider and CQC to discuss progress being made.

We carried out a focused inspection to the service on the 19 December 2016 to follow up specific and continued concerns about the management of medication. We found the home were not implementing the steps they had identified in their action plan so were continuing to be in breach of the regulation relating to the safe administration of medication.

At the time of our most recent inspection on the 8 February 2017 there were 36 people in residence. 23 people upstairs and 13 downstairs. The home is registered to provide residential care and we told the provider to address their website which refers to nursing care which is not provided at this service.

The home had a manager in day to day charge but they were not yet registered with the CQC but told us their application was being processed. 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.

Overall we found improvements had been made across the home and people were mostly having their needs met. We took into account the history of the service and recent communication from other health care professionals which would suggest this was not always the case. There were continued concerns about the homes ability to meet everyone's needs in a safe, responsive way. We have received recent safeguarding concerns and over the last six months there have been quite a number of safeguarding concerns some historical about poor care issues, weight loss management, not getting medicines as intended and delayed referrals to health care professionals. Record keeping and assessments of needs have also been a concern. Equally the home has raised safeguards against other organisations who the home have felt have not always been supportive or acting in a timely manner.

At this inspection we found people had been informed of the concerns there are currently about the home and the channels of communication had improved. Staff were aware of how to raise concerns and felt more

comfortable in doing so. Risks to people's safety were being assessed and steps put in place to protect them from the risk. Care was being provided in a building which was intended to be safe and checks were in place to make sure it was.

Staffing levels were appropriate to the needs and numbers of people currently using the service. The staffing ratios were reviewed alongside people's needs to ensure they were adequate.

People were now receiving their medicines as intended and there were safe systems in place to support this.

We have made a recommendation about training.

Staff recruitment processes could be strengthened to help them be more robust. Staff training and development was ongoing but was beginning to impact on the quality of service being provided and increased confidence of the staff.

We have made a recommendation about staff recruitment and staff induction

Staff had a reasonable understanding of legislation relating to the Mental Capacity Act 2005 (MCA) and the Deprivation of Liberties Safeguards (DoLS). The MCA ensures that, where people have been assessed as lacking capacity to make decisions for themselves, decisions are made in their best interests according to a structured process. DoLS ensure that people are not unlawfully deprived of their liberty and where restrictions are required to protect people and keep them safe, this is done in line with legislation. However we found a lot of Dols applications had lapsed which should not happen.

People were supported to eat and drink enough for their needs and staff were knowledgeable about people's dietary requirements. People's health care needs were being monitored and mostly met although we had been advised of a number of concerns since the last inspection but this was an area much improved with improved communication between the health care professionals.

Staff were caring and most people were happy with the service provided. We saw staff knew people well and tried to encourage and facilitate their independence. People and their families were more involved in the running of the service and consulted about their day to day needs.

We found the behaviour of some impacted on others and could not see if this was well managed. We noted several people would go into other people's rooms, even beds and this was clearly unacceptable and meant people did not have full rights to their privacy.

The staff were responsive to people's needs because they knew them well and there were systems in place to help ensure records were up to date and illustrated any change in need or unmet needs. The care plans were derived from an assessment of need. Everyone had an up to date care plan but this has only been since recently as everyone has had a review of their care.

Activities when provided were well delivered and people clearly enjoyed the company of the activity staff. It is difficult to engage everyone and some people said they chose not to join in activities. It was less clear how their individual and preferred interests were facilitated by the home as some people would require 1-1 support to access the activities

Complaints were recorded and there was more openness and transparency in the home which meant any

concerns would be addressed.

The home is currently running with significantly less people than it's registered for. It is being well managed and staff are receiving direction and support. However this needs to be sustained in order for us to have confidence in the service and its ability to manage people's care safely.

We found breaches of the Health and Social Care Act 2008(Regulated Activities) Regulations 2014 in some regulations. You can see what action we told the provider to take at the back of the full version of this 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?

The service was mostly safe.

Systems were in place to audit medication to ensure people were receiving their medicines as intended by suitably qualified staff.

Risks to people's safety were documented and steps taken to minimise risks whenever possible but intervention has not always been timely.

People were protected from the risk of abuse but sufficient oversight of safeguarding concerns has not always been robust and concerns not always reported.

Staff recruitment processes were in place but should be more robust to help ensure only suitable staff are employed at the service.

Staffing levels were appropriate to the needs of people using the service.

**Requires Improvement** ●

### Is the service effective?

The service is mostly effective.

Staff felt confident about the support they received and there was evidence of growing confidence and competence amongst the staff. However the induction for new staff needs to be more robust and the service should review how efficient the training is on helping staff meet people's needs.

People were being supported to eat and drink in sufficient quantities and weights were being monitored. A number of concerns had arisen from catering staff leaving.

The staff acted lawfully to support people with decisions about their care and welfare but a number of DOIs applications had expired so people might not be fully protected.

People's health care needs were monitored and met but there has been significant input in this area as people's needs have not

**Requires Improvement** ●

always been responded to promptly.

### Is the service caring?

The service was mostly caring.

People's privacy was sometimes violated by other people using the service which could have a negative impact on people using the service.

Feedback about the service was positive with increased communication with people and their families about their care needs and the running and management of the service.

Staff promoted people's independence and we saw clear examples of this at lunch time.

**Requires Improvement** ●

### Is the service responsive?

The service is mostly responsive.

Systems were in place to ensure everyone had a detailed assessment and plan highlighting their needs and assured staff knew what care was to be provided. However gaps in record keeping had resulted in people's care needs not always being met.

Access to activities had improved due to less people using the service. Activities were regularly provided and some clearly reflected the needs of individuals.

The service had become more open and transparent and used feedback about the service to make improvements when required.

**Requires Improvement** ●

### Is the service well-led?

The service was mostly well led.

The manager was making an impact on the service and working through the action plan to demonstrate how the service was being effectively managed. We identified improvements had been made in every area we inspect against which is encouraging. However we need to be confident the provider can sustain these improvements.

The service took into account feedback from people using the service so they could adjust the service accordingly.

**Requires Improvement** ●

The service was engaging well with other health care professionals but there was still minimal links with other community groups.

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# Attwood's Manor 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 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.

The inspection took place on the 8 February 2017 and was unannounced. The inspection team was made up of three inspectors. Before the inspection we used information we already held about the service including recent notifications which are important events services are required to tell us about. Recent inspections and feedback from safeguarding investigations, meetings with social services, the provider and feedback from other health care professionals. Share your experiences were also considered. The provider is required to submit a provider information return but this had not been submitted.

As part of this inspection we carried out observations across the day and we looked at records mainly in relation to the management of the service, service audits and the recruitment, and support of the staff. We spoke with ten people, two relatives, and seven staff and viewed four care plans. We carried out a full medication audit.



# Is the service safe?

## Our findings

At the last comprehensive inspection in September 2016 Safe was rated as inadequate as people were identified as being at risk of harm due to inadequate staffing levels, a lack of understanding and implementing risk management, unsafe medication practice and poor recruitment practices. At this inspection improvements had been implemented in all areas required, however the improvements were implemented but yet to be fully embedded in some areas.

We looked at staff recruitment processes which were not sufficiently robust. We noted that when agency staff were used, the home now asked for identity documentation and information relating to their skills and experience. Evidence of their identification, qualification, skills and training were noted and agency staff could not work at the service unless it had been confirmed that the agency had taken up all the pre requisite checks. For example references, disclosure and barring check and work history. This was confirmed by the manager.. People confirmed there had been a lot of new staff employed and we looked at two new staff files. We found dates on references were missing so we were unable to confirm if they were in place before staff were employed. Checklists for all staff were not up to date. Interview notes were brief and did not really explore gaps in employment or how potential candidates had demonstrated their suitability for the role. Neither file contained a copy of the person's identification documentation and because the interview notes were brief we could not confirm if this had been requested or viewed.

We recommend that the service makes improvements in this area and can demonstrate that references and other documents are in place before staff start. We also recommend the home demonstrates how they have assessed the candidate's suitability for employment in line with the job specification.

The safe administration of medication had been a area of concern consistently during past inspections, there remains a condition on the provider's registration to support the safe administration of medication At this inspection we found things had very much improved and the manager had considerable input from the community pharmacist and local authority. The manager was currently developing a new medicines policy. Staff told us that they had received training from the providers of medicines in to the home, on how to use the Biodose system and records confirmed this. The manager had undertaken this training and had been provided with a training pack to use internally to train and refresh staff training going forward. The manager explained that all staff had completed training on administering people's medicines, but found they lacked understanding behind medicines management. For example, ordering medicine's, reporting errors, identifying when stocks of medicines were running low and checking MAR sheets. This has been addressed with all staff.

The manager and deputy have held supervision sessions with senior staff who administer medicines and carried out competency assessments. Each member of staff has had two competency assessments. Further assessments are planned using a competency assessment based on the Biodose system

Regular audits are taking place. There are three medicine trolleys. One trolley is audited a week, which means each trolley is audited at least monthly. The manager has also implemented daily stock checks. Staff

each do a stock check of 5 people's medicines once during the day shift and once during the night shift, which meant ten sets of medicines were being reviewed daily. If there were any discrepancies staff had to identify what and why and hand over to the manager or deputy manager and this was recorded on the daily handover sheets.

Meetings have taken place with senior staff to discuss the feedback from the Care Quality Commission and Local Authority, (LA) regarding medicines. The LA Quality Improvement Team attended a meeting with staff to reiterate the concerns and importance of good medicine's management.

We observed medication administration and saw medication was given correctly and people were asked if they required medication for occasional use such as pain relief. The manager also confirmed that there was currently only one member of staff on nights competent and trained to administer medication. They told us if there were no trained staff on a night duty they or the deputy manager would stay on to give the evening medication. We had concerns about anyone requiring regular pain relief through the night and were assured there was no one requiring this.

We recommend that the service trained additional member of staff in the administration of medication.

Staff told us they felt more confident in raising concerns and felt these would be addressed. Staff were aware of adult safeguarding policy and procedures and who to contact including external agencies if they had a safeguarding concern. They told us information was on the wall and they had details of Essex safeguarding team. We reviewed a recent safeguarding concern and noted the service had raised a safeguarding concern against another agency for their perceived lack of action. The home had responded appropriately in terms of reassessing and ensuring a change in the persons needs was accommodated.

Since the last inspection there has been a sharp rise in the number of safeguarding concerns. Some of these have been raised by social workers as they have met and reviewed people's needs. Others have been raised by CQC as part of their inspection activity and notifications received. Others have been through observed practice of visiting health care professionals. The current manager told us that there was a culture of under reporting by previous management. The manager told us they had reviewed all safeguarding concerns and had found a lack of screening in relation to people's health and physical needs, poor record keeping, and failure to report issues as safeguarding and notifications to CQC. Previous management have been disciplined and referrals have been made to the Disclosure and Barring Service. We have recently been notified of a safeguarding concern in which a person sustained a number of unexplained injuries and although assumptions were made about how these had occurred the facts had not been established through a proper safeguarding investigation and the home had not raised a safeguarding concern. The investigation has been concluded and has highlighted some gaps in terms of this person's care and monitoring to ensure they were safe and had the supervision they required. This means there is not a consistent approach yet established to ensure all concerns are known by the manager and unexplained injury are properly investigated.

We found that staffing levels were appropriate to people's needs. We observed people getting timely care and staff mainly visible in communal areas. Staff were unhurried and all those spoken with felt the current staffing levels were right for people's needs. The manager was often working along-side and able to make a judgement as to whether more staff were needed. Staff confirmed this. The service currently have six staff per shift and four at night and this was kept under review as changes in people's needs were highlighted. The use of agency staff was minimal which meant staff working at the home were familiar with people's needs. The only immediate vacancy was for a chef and an agency staff was employed but they used to work at the service full time so knew people's needs well. We carried out observations in the lounges and dining

room. The staffing allocation took into account the size and complexity of the home and was provided flexibly with staff allocated to each floor. We noted a number of people mobilising who were unsteady on their feet and other people who needed reassurance and guidance about what was happening next. Staff were quickly at hand to provide support and reassurance to people. One person wanted a cigarette and staff assisted them to do this in a timely way.

We spoke with people about staffing levels. One said they respond quite quickly to the alarm bells and said they helped them with personal care and baths. They told us some staff were better than others. Another told us there were a lot of new staff and were still getting to know them. Another said some staff had left but they needed to.

Risks to people's safety were being managed through an assessment of people's needs and where risks were identified, records detailed the steps staff should take to reduce the risk. Staff were aware of people's needs and staff were close to hand. We noted that people had equipment and plans in place to manage the risk for issues such as skin care, moving and handling, weight loss and other health care issues. Gaps in records had been previously identified but there were now more robust systems to identify this. The manager carried out a series of audits as part of the services overarching quality assurance system. This helped them know where the risks were and to analysis any themes or trends in relation to falls, accidents and incidents. We found the environment was clean with a team of domestic staff who understood their roles and responsibilities and cleaning schedules which helped to reduce the risk of cross infection. We noted better standards of hygiene and relatives spoken with told us cleanliness had improved. However we found the kitchen not up to the standard required but this had already been identified by the deputy manager and had resulted in staff walking out. There was an action plan in place stating how this was going to be rectified.

Most people said they felt safe and a relative told us the home kept in contact with them so they knew what was going on and felt their relative was safe with no falls, weight loss or unexplained incidents. We did observe minor altercations between people but also observed staff were quick to intervene and diffuse and divert people's attention to reduce the risks of incidents. Some training had taken place in terms of managing behaviours in a positive way and meeting people's needs who were living with dementia.

## Is the service effective?

### Our findings

At the last comprehensive inspection in September 2016, we found that the service was not meeting the requirements of the mental capacity act and that staff did not have the right skills, experience or support to meet people's needs, this meant people were not receiving effective care that met their needs.. At this inspection we have identified that improvements have been made but these need time to be embedded and sustained.

Staff were supported in their role and reported feeling more settled. One staff told us, "Staff attitudes have improved, there's lots of training and staff work as a team." They told us morale had improved. Staff training had been a priority in this home and the manager said for some staff it was going back to basics and supporting staff with what was expected of them and assessing them to ensure they had the right competencies and skills.

From staff records we saw that the current staff induction was not sufficiently robust. New staff told us that they were supported but this was not adequately supported by the records. The manager said new staff would be shadowed by a more experienced member of staff for about two weeks and cover a basic induction. We saw this in practice, but the induction checklist was not fully signed off or signed by the person receiving the induction. Where things were signed off these were on the same day. Where comments had been made on the induction check list these were not helpful, for example for one area it stated, "may need further attention" this was not specific enough to act upon. The induction record did not include evidence of shadow shifts, observations of practice or what had been shown to the person receiving the induction. The deputy manager told us some staff had been doing the care certificate a nationally recognised induction certificate covering all core areas needed for staff working in care. However we saw no evidence that new staff had started this programme even where they had no previous experience in care. The current induction checklist was much more about staffs terms, conditions and organisational policy rather supportive of a new care worker's learning and development.

We recommend that the provider review the current induction processes of new staff and ensure it is more robust and links in with the care certificate for new staff.

The deputy manager said staff were being signed up for diplomas in care at different levels according to level of experience and care role. The manager said staff doing additional qualifications including the team leaders were regularly supported by their assessor. The deputy manager was doing a NVQ level five to develop their skills in care. They told us that this was helping and that they were "learning lots".

Staff confirmed that had regular opportunity for training although a lot of this was basic e-Learning training. Staff said some had been practical and had included an understanding of dementia but not all staff had done any training around the specific health care needs of people such as diabetes care and this is a current need. We saw some staff doing high number of e-learning courses within a few days. For the e-learning there was some confusion as to what denoted passing the course. Some people thought you had to achieve a 60% pass rate on the test to pass but this was not clear. This meant that there was a risk that staff who did

not fully understand the training that had been delivered were not always fully tested on the extent of their knowledge.

Staff were having opportunity to meet with each other, share ideas and were being supported to be effective in their role. Supervisions were planned and there was a clear structure for this which included an annual appraisal. Supervisions were linked to staff's job descriptions to ensure they had the necessary competencies for their role. Where there had been performance concern such as medication errors we saw supervisions had taken place.

People were supported with their dietary needs. People were mostly complimentary about the food. One said, "The food here is always good. We love it here don't we, (they said to their friend) who nodded in agreement.

We observed some people still eating breakfast on arrival to the service shortly after nine. People had a range of choices including a cooked breakfast. Staff told us they have developed a good working relationship with the dietician to ensure people's weight and nutritional needs were being monitored. People at risk of unintentional weight loss had malnutrition screening tools in place to calculate the level of risk and these were updated. They were being regularly reviewed at least monthly. In the last three months no one has been identified as having unintentional weight loss. One person that had been identified previously as having significant weight loss and this had been attributed to a chronic illness. With intervention their weight had stabilised. Reports pulled from electronic records reflected there has been no unintentional weight loss from September to February.

Just prior to the inspection the recently employed chef had left and we found an agency chef employed who use to work at the home so knew people well. We have received reports that due to the departure of the regular chef and then the departure of the more recently appointed chef there have been shortages particularly at weekends affecting the timing of meals. This was a particular concern for people living with diabetes and potential effect on their blood sugar levels.

The chef on the day of our inspection told us they had prepared six cooked breakfasts this morning and had a list of people's dietary needs and were preparing snack plates and jelly shots for those identified at risk of weight loss. They showed us the menu plan which offered two main choices at lunch but other options were available as required and most of the food was home- made and freshly prepared. Information about people's meal requirements also included information such as portion size, if they needed adapted cutlery and, or plate guards and including any specific dietary needs, such as whether they required a soft diet or were diabetic.

We observed lunch. 21 people were in the main dining room and staff support was appropriate to their needs. Staff helped those who needed it and were able to prompt people who tried to leave the table. We did not observe much food waste. We noted the meal was delayed and some people had already been sitting at the table for about twenty five minutes before being served. We also noted people were served in plastic glasses and juice was given out without people having the option of doing it for themselves. Salt/pepper and sauces were only made available at people's request and not readily available to all. There were no menus on the table but people were offered choice. We noted staff when assisting with meals wore blue gloves and felt this acted as a barrier to the delivery of care and was unnecessary.

Staff had sufficient understanding of the Mental capacity Act 2005 and the Deprivation of Liberties safeguards and its application. Staff explained not everyone was restricted of their liberty and some people were able to go out of the service as they pleased. Others who would not be safe to go out by themselves did

so with staff support. We looked at a sample of DoLS applications and discussed these with the manager. They told us 95% of these had expired, and the manager had completed the paperwork and resubmitted applications to the LA. These were starting to filter through. The authorisations have been requested in relation to their safety and well-being, key pad lock on front door and those requiring 24 hour support. We established that there were four people who have capacity to leave the premises unaided, but would in reality need some assistance due to physical disability, i.e. wheel chair user, poor eyesight etc.

People's health care needs were being met although we have received concerns about delays in reporting concerns about changes to people's health. We spoke with one person who told us about their health care needs and said there were monitored and their pain relief managed. They told us they saw the district nurses daily. We received a recent safeguard in which a person was reported to have poor care which had resulted in them possibly having a preventable skin condition, swollen legs and infected toe. In this persons case there was poor documentation around the risks to this person and about the care they required. We also had feedback from visiting health care professionals who recognised things had improved but said their advice was not always acted upon actions or actions were delayed which could cause ill effect to people using the service.

The above supports a repeated breach of Regulation 9. Person centred care. Health and Social Care Act (Regulated Activities) Regulation 2014

## Is the service caring?

### Our findings

At the last comprehensive inspection in September 2016, Caring was rated as Requires improvement. At this inspection improvements have been identified but the rating has remained the same.

We noted that people's privacy was not always upheld. We saw that one person was asleep in another person's room and was told by staff this person was often asleep during the day and alert throughout the night which was consistent with their past history/behaviour. However staff described them as, 'Bed hoping,' which meant they were entering other people's rooms without permission which did not uphold people's privacy. We spoke to one person who told us another person entered their room without permission and they had found them in their bed. They did not have a key to their own room. We raised this with the manager who told us they would ensure the person did have a key in future and seemed surprised they did not. A family member told us there was no access to people's rooms through the day but we found some people did have keys. The relative also said there was nowhere to meet their relative in private. We also found this difficult on the ground floor.

We noted staff also knocked before entering a closed door and waited for a response before opening. Staff addressed people in a respectful way and ensured they had eye contact with the person.

We noted and have questioned at previous inspections why a number of people were in moulded chairs which tilt people backwards and are difficult to get out of. We found there was no rationale in people's care plans as to why these chairs specifically were being used. The only way to move these large chairs is to pull them backwards which does not help to reassure the person and we saw entries of skin tears being acquired as staff caught people's skin whilst transferring them from room to room. The manager said they would look into this but was unable to give an explanation as to why these chairs were used or if people had been assessed.

The above supports a repeated breach of Regulation 9. Person centred care. Health and Social Care Act (Regulated Activities) Regulation 2014

We found people's environment was not always consistent to promoting their well-being. Some rooms particularly in the old building were small and poorly furnished which we have raised with the provider before. For example, we found one room unlocked and accessible to other people, there was no name on the door to help the person identify which room was theirs and we found bedding very thin with poor quality pillows. Some of the rooms on the ground floor were locked. We noted one room had a very strong smell of urine, despite the window being left open. These rooms were by the laundry room and isolated from the rest of the home. We noted other rooms the doors banged when closed which could disturb people. The manager told us door closers had been ordered and some rooms were to be redecorated.

Staff were observed to be kind and attentive to people's needs. One person told us, "Staff are kind and caring." They said staff helped them retain their independence. They said they used a fork and needed a plate guard and staff never forgot. Another person told us, "I get on with them all; you can have a laugh and

a joke."

Some people did not have immediate family or family living in close proximity. They had been allocated advocates and met with them regularly. Information about advocates was placed on the notice board. The manager told us they also planned to invite a representative from the advocacy service to residents / relatives meetings to give an overview of the service they provide.

We observed staff at lunch helping people and staff noticed when they were struggling or needing encouragement and this was quickly provided. We saw that staff had developed positive relationships with people and encouraged them.

Recently people had been involved in a review of their needs and regular meetings had been held to involve and consult with people about the issues they wanted addressing. One suggestion made was about having a smoking shelter and this was being planned. The low attendance at meetings was discussed and was felt to be due to people having increased opportunities to feedback. However the manager told us moving forward they were looking at ways of redeveloping meetings to encourage attendance, for example holding coffee mornings and inviting people to come and talk, such as the advocacy service and the Alzheimer's society



## Is the service responsive?

### Our findings

At the last comprehensive inspection in September 2016, Responsive was rated as Inadequate as care plans were not appropriate and did not provide staff with the information they needed to provide care that kept people safe and people's views were not taken into account when planning care. At this inspection we found that some improvements had been made however not all people received care that met their assessed needs and the improvements need time to embed and show that they are sustainable.

The manager said that when they first arrived at the home there were 55 people residing in the home. Out of that number, six people did not have care plans or risk assessments in place. They said they had made sure that before going home that day each of these people had a basic plan in place setting out their needs and potential risks. They had also identified as we had at our inspections that staff were using two sets of records, paper copies as well as an electronic system. This was causing confusion and did not create an overall picture of the needs of people. They said they are no longer using paper records and were in the process of updating all the electronic documents. These were being reviewed weekly, fortnightly or monthly depending on the assessed needs of the person. They said they have implemented a Key worker system and have currently have senior staff allocated to a group of people, to oversee their care plans and ensure they are up to date and their needs are being met. However there have been instances where care plan reviews have exceeded the timescales set by the home and records had then not picked up quickly a change in people's needs. From a recent safeguarding concern we were provided with evidence which showed that care was not always documented according to people's needs as set out by the care plan. We therefore could not be assured that all staff were accessing the care plans as they should and were sufficiently familiar with people's needs. A recent safeguarding investigation also concluded that a person had a poor routine with staff attending to the person at different times of the day and did not have a consistent approach to the persons needs and provided female carers when the person's preference was a male carer.

We noted people looked well-groomed and where we had concerns about people's appearance there was documentation in their care plans. For example a number of people did not like anything on their feet; this was documented and respected by staff. Relatives told us they had noted people did not look dishevelled and this was our observation. However one relative commented on the fact their family member had not had a shave and we received a recent safeguard in which a person's personal care had not been adequately met. We also received feedback last month of people not always getting their personal care needs met. This appeared to be due to staffing levels and also a failure in one of the boilers which meant no hot water to one side of the building. This has since been rectified but the provider did not notify us of events affecting the service.

People's needs were assessed before admission although the home had not had any recent admissions and there had previously been concerns about people needs not always being assessed. We spoke with one relative whose family member had been at the service for less than a year and reported that they had a good experience. They said they had settled well and staff supported them with their routines. They said their family member had got to know staff well and kept the family informed of any changes.

Some records were not completed and we could not see why this was the case and it was not recorded. For example 'This is me' which is a document used to record people's life history/employment/family and helps staff to know a bit more about the person and the things that were important to them. Others we saw were completed but had very little information and nothing added since coming to the home and for some people this was a long time. For another person we saw they required a sling but the assessment said they did not require a specialist sling but we could not see who carried out the assessment or if they were qualified to make that assessment. Another person had been advised that they required a fork mashable diet and we observed them having the same meal as everyone else which was not mashable. The manager said it was the person's choice and they had capacity but this was not clearly documented in their record and there was a clear risk.

We noted that where people were in bed it was difficult to see how their needs were being met without going to their electronic records. There were no room charts to show observation, how often they were repositioned or fluids taken. It would be helpful to have these records in the room.

All of the above supports a repeated breach of Regulation 9. Person centred care. Health and Social Care Act (Regulated Activities) Regulation 2014

Activities were taking place on the day and were planned in advance. There was information around the service and an activity programme which included: arts and crafts, music, coffee morning and 1-1 support. The home employs someone specifically to provide activities and they have been employed for a long time and were familiar with people's needs and acted inclusively. We noted the activities coordinator was on the day of inspection engaging with a group of about seven people and this was supported by care staff. We saw for other people there was limited activity although some people were going outside to smoke and others watching television. One relative told us there was still limited stimulation for people as activities were limited. We established the relative was not a regular visitor so might not be aware of what activities had taken place and, or been planned. Feedback about activities were mixed. One relative said their family member chose not to join in but did sit in the lounge which they felt was significant progress. A person told us, "I don't join in my choice, I get on with some people but some people shout and swear." We observed they had formed a relationship with another person and was observed chatting with them and asking where they were when they did not come down for lunch. We asked them if they liked it at the home to which they replied, "We won't leave if we went somewhere else it might be worse." Another person told us they had visitors but spent most time in their room and did not join in activities. They said they would like to go out and get fresh air but this was only occasionally possible when staff were available. Volunteers might have a positive impact for some who reported social isolation. They told us about things they like to do but there was no evidence they were supported to do them, for examples dominoes/cards/have a pint. One person told us they liked to read and the home had a library. Additional activities had been provided at Christmas including a party which was well received.

The manager told us they tried to be visible and support people to voice any concerns they might have about the service. The complaints folder contained three complaints however these dated back to 2005. These reflected that action had been taken to address concerns raised and feedback provided to the complainant. For example, there was an issue about a person's missing razor, this was investigated, not found but person was refunded the money to purchase new razor. The manager confirmed there have been no written complaints received, since 2015. They stated that all concerns had been raised via safeguarding and felt this was because relatives were not being listened to previously, and therefore took their concerns directly to the local authority. This had been raised previously through our inspections as there were not adequate systems for telling people how they could complain or adequate processes for managing people's concerns. At the recent residents meeting people were asked if they knew how to make a complaint and

who to complain too. They were also asked if they knew how to raise concerns about abuse. People confirmed they did.

The manager said all staff had been told to complete concerns and complaints on the electronic system and these would then be reviewed and signed off by the manager. However there was currently no system for the manager to be alerted by the system as to when a complaint had been received.

The manager said they were trying to rebuild relationship of trust with people's relatives, by making sure their concerns were listened to and acted on. For example, one person following a GP review had had their medicines changed. The manager spoke with the relative who was concerned about the changes and possible side effects this would have. The manager arranged for an appointment with the GP so that the relative could meet and discuss their concerns. They said they encourage people to raise concerns or ideas on how the service can improve. For example, one member of staff has taken a keen interest in working with dietician. Manager stated this was their idea to liaise with the dietician to take on board their advice and suggestions to ensure people's dietary / nutritional needs were being met. This has ensured better recording to show people's weight is being assessed, monitored and action taken to respond to any risks identified.

## Is the service well-led?

### Our findings

At the last comprehensive inspection in September 2016, Well led was rated as Inadequate and we identified concerns relating to the oversight and quality monitoring of the service. At this inspection we found improvements had been made but these needed time to embed and evidence that these were sustainable to provide continual improvement to people's care.

There was no registered manager in post but the provider had employed a manager who was a qualified nurse and who had been in post since August 2016. They were currently applying to be registered with CQC and were just waiting for their disclosure and barring check to come through. They had relevant experience and told us they had been registered with CQC previously for a different service. They were supported by a deputy manager and were supporting staff to ensure they had the right skills and competencies to deliver the care required. Staff spoken with were confident in the management team and said they felt well supported and were encouraged by the changes within the service. Some staff reported working under a number of different managers but felt this manager listened, was approachable and encouraged staff to take ownership of their work and learn from mistakes. People using the service and their visitors also told us the manager was visible, approachable and shared information about the service and any current concerns and, or developments. One relative said, "I get on well with the manager, the staff are bubbly and the atmosphere has lifted." Another told us about recent meetings to share with people concerns about the service and said there was some poor staff practice which impacted on the care being provided but these staff had since left.

The manager told us they kept their nursing qualification up to date and were aware of current guidelines and new legislation, attending study courses where appropriate and receiving information guidance from the department of health and nursing magazines. They felt their nursing qualifications had helped them develop a more positive working relationship with the district nurses and GP surgery and establish what they should and should not be providing as a residential service and not a nursing home.

They told us they were supporting staff and helping them to develop the skills they needed for their role. They said they were in the process of training two additional seniors. They told us they had met with senior staff to discuss expectations of senior roles to be able to take on responsibility of managing the service in manager's absence, which involves being accountable for the people using the service, the building, continuity of the business, staff and people's relatives. Previously the seniors had no job description and did not know what was expected of their role. They had been given instructions to carry out tasks before, but with little rationale as to why they were completing these. For example, they had been instructed to make referrals to the GP for people, without knowing why these needed to be made.

The manager explained they were having to take staff 'back to basics', to help them understand and develop their roles. They said they were encouraging staff to use their initiative rather than carry out task based care. Staff have been allocated specific responsibilities. For example, one senior has taken over managing the ordering of continence products to ensure people have adequate supply of the correct products they have been assessed for. Another senior has taken on responsibility of overseeing MUST screening.

We discussed the report rating as providers are required by law to display this and we had previously reminded the provider of this. We noted the previous report and rating was displayed in the entrance of the home. However, the rating was not being displayed on the website. We provided guidance to the manager about display of ratings and advised it is an offence not to display previous rating. The provider disagreed that the website was still active but we advised them that we had googled this on 7 February 2017 and it was still active but agreed it does state 'New Website coming soon.' The Provider advised us they would be taking website off internet. We checked the website 09 February 2017, and it was still showing as active, no rating link/or displayed. However it has since been taken down.

We discussed with the manager actions taken since the last inspection and in relation to Local Authority feedback. They provided us with an up to date copy of their action plan in relation to improvements required from our inspection and the Local Authority quality Improvement and contract monitoring team. The contracts monitoring team had shared with us that on several visits information was not available to them so they were not able to clearly evidence where the home had made improvements.

One of the main concerns about this service had been the safe storage, administration and recording of medication. However we noted improvements in this area and could see that the improvements had meant that people were no longer at risk of unsafe medication practices.

Other concerns about the home had included ineffective risk assessments and care planning which did not support staff in providing continuity of care according to people's assessed needs.

The manager advised us they care plans were in place and reviewed in an on-going and timely way and with the involvement of others. They told us everyone had a recent review meeting with Local Authority and relatives. Where people did not have relatives a referral was made to the Local Authority to request advocacy support for people to help manage their affairs.

The manager advised us they have daily meetings with the registered provider to discuss ongoing improvements. They assured us they are effectively supported and had been given what they asked for to help improve the service. They said the provider manages the financial aspects of the business, and keeps an overview of the domestic and catering arrangements.

The manager advised us the biggest issue that had led to failings in the service was poor communication. This had led to a breakdown of relationships with district nurses GP and nurse practitioner and had largely impacted on the number of safeguard referrals that had been raised by both professionals and relatives. They had focussed on rebuilding those relationships and have held meetings with District Nurses', community matron and health practitioner They said under previous management issues had not been referred quickly enough leading to a breakdown of communication and trust.

The manager felt the culture in the service was improving, and staff were more confident in raising issues. They told us they had an open door policy and makes sure staff can always contact them. They said they work on the floor to support staff and hold regular staff meetings where they can openly discuss issues and work as a team. The manager said they were working to establish core values based on Compassion in Practice. This is a NHS driven set of values and behaviours referred to as the 6Cs, which are: Care, Compassion, Competence, Communication, Courage and Commitment. The Manager said they were looking to develop staff to take on roles such dignity and dementia champions and had met with a person from the Alzheimer's society who has said they would be happy to visit the service to deliver training.

The Manager worked variable hours and was not just office based, including every other weekend so they were accessible and available to relatives. They told us they provided support to staff through supervision

and working with them on the floor to monitor their attitudes values and behaviours. Also to raise with staff the expectation of the training they expected them to complete to ensure they were up to date and have the knowledge to carry out roles. Staff that have completed level 2 NVQ have been enrolled on level 3.

The manager said they were working on improving communication and were implementing a new policy which staff would need to sign to say they have read and understood. Additionally, the handover sheet was being amended and items added such as daily medication stock checks, GP visits / outcomes to ensure the information was handed over to the oncoming shift.

The manager advised us they had been working with external consultant to put measures in place to drive improvement and ensure quality assurance systems were in place and that these are effective. They said they were starting to see the results of audits that have been carried out monthly, for example medicines and kitchen audit. Action plans have been developed from the audits to show what action has been taken to address areas that required improvement.

The manager was monitoring Incidents, accidents and falls. People who were at risk of / have history of falls now have risk assessments in place. Electronic records had replaced previously held manual records which had created confusion as staff were often completing a manual and electronic record. The manager said they reviewed these reports but was not automatically alerted by the system when there were records to review. They said they would look into this because this was a feature which should be available. Alternatively falls / incidents that had occurred could be added to the handover sheet, as this was reviewed daily by the manager so that they are alerted when an incident has occurred.

The home does not currently have a business contingency plan for detailing with emergency situations. The manager advised the provider is on site majority of time and staff are aware of the on call rota. If there was an emergency where people needed to vacate the building staff would follow the fire evacuation process. However the manager was aware a plan containing all emergency contact details needs to be in place, and will be developing this going forward.

We looked at the management of people's finances and invoicing because of concerns received. The manager advised the home pays for people's hairdresser and chiropody appointments and then invoices the person responsible for managing the person's finances; either the person themselves or relative etc. issues had arisen as the provider had moved the management of pay role / peoples finances off site. This was being managed by a shareholder of the company who owned their own payroll company. This was at the registered address of Golden Age Management Limited. Problems occurred where people had not been invoiced for 6 months then had a big bill, or where person had passed away, relatives received the invoice. Admin has now taken back control in house managing invoices. There was also concerns about the cost/usage of a person's Wi Fi this was being addressed.

The manager advised us that as part of their quality assurance they sent out surveys to people and their families for their feedback. However they said they had a very low response rate and felt this was due to recent social care reviews and meetings with Local Authority for everyone. We saw minutes of relative meetings which were regularly held and included weekly surgeries on a Thursday between 5-8pm so that relatives could raise / discuss any concerns or issues they might have. The manager confirmed no relatives have attended these meetings. Resident meetings were held. A nominated spokesperson (resident) attended each residents meeting. Last meeting 06/12/2016 four people attended, including the spokesperson. Issues raised including quality of food after main chef left and the menus. No care issues were raised. Entertainment was also discussed and the activities which were scheduled over Christmas which included a party, disco, arts & crafts, bingo, Christmas carols with local brownies. There was a church

service monthly and a Hairdressers visit twice monthly.

We looked at a sample of audits including how the home delay with emergencies or change in persons condition. This had been responded to appropriately Patient care record - emergency services. We also looked at records pertaining to the kitchen as the permanent chef had recently left. An action plan was in place for issues identified. Which included: the kitchen being dirty, sticky food residue, no deep cleaning arrangements in place, food not being stored safely/ separately and food temperatures not being recorded,, Kitchen staff not wearing appropriate uniform / footwear. A weekly checklist was being completed of the kitchen which covered cleanliness of premises, disposal of waste, food hygiene, pest control, toilets and washing, facilities, action identified no lockers for staff clothing bags- observed lockers provided in staff room) ventilation, lighting, slips, trips and fall hazards, fire precautions, visual / routine checks of machinery and equipment, electrical safety, gas safety (no gas) chemicals, PPE and first aid.

The manager advised the chef had been completing cleaning checklist, had ticked off all areas as completed with no issues, however the audit carried out by deputy showed different level of cleanliness. The chef left suddenly part way through shift, caused disruption to catering; but fortunately a new chef was on the premises shadowing the chef and providing meals for people.

A weekly environment cleanliness checklist was being completed, however this was not signed or dated by person completing. It reflected the premises were being kept clean and tidy, carpets are being waxed daily to minimise odours. We did identify some odours in parts of the service but did note generally standards of cleanliness were high.

The Fire service visit was scheduled for end of February 2017. There were regular fire alarm tests being done weekly at different call points. Weekly checks of fire fighting equipment and monthly emergency lighting checks. The Last fire drill was on the 18 December 2016. There were monthly checks include water temperatures, electrical appliances, nurse call system, windows and restrictors, furniture, air mattresses, fire doors. Where issues have been identified action has been taken to put this right. There was reference to improvements needed to improve environment, in particular for the older part of building. Paint has been purchased as part of on-going redecorating programme. 11 new slings have been purchased in December 2016, allocated for each person requiring sling to transfer. The record Included the size and type of sling allocated. Visual checks were carried out in January 2017. We saw the service history for hoists.

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 9 HSCA RA Regulations 2014 Person-centred care</p> <p>People's records were not always kept up to date as and when a person's needs had changed and daily notes did not always reflect the care people needed according to the plan of care.</p>