Chippenham Limited

Goldenley Care Home

Inspection report

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Date of inspection visit: 18 and 22 June 2015
Date of publication: 25/08/2015

Ratings

Overall rating for this service	Requires Improvement
Is the service safe?	Requires Improvement
Is the service effective?	Requires Improvement
Is the service caring?	Good
Is the service responsive?	Requires Improvement
Is the service well-led?	Requires Improvement

Overall summary

We carried out this inspection over two days on the 18 and 22 June 2015. The first day of the inspection was unannounced. Our last inspection to the service was in September 2013. This was to check that improvements had been made to the cleanliness of the home and infection control. These shortfalls had been identified during an inspection in August 2013. During the inspection in September 2013, we noted improvements had been made.

Goldenley Care Home provides accommodation to people who require personal care. The home is arranged over two floors, with en-suite bedrooms on both floors and two communal lounges on the ground floor. There was a domestic style kitchen and small, compact laundry room.

The home is registered to accommodate up to 19 people. On the day of our inspection, there were 14 people living at the home.

There was a registered manager in post. 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

Summary of findings

the requirements in the Health and Social Care Act 2008 and associated Regulations about how the service is run. The registered manager was available throughout the inspection.

Not all risks to people's safety had been identified and addressed. There were radiators in the communal areas and people's bedrooms, which were not covered. This created a risk to people if they touched or fell against the hot surfaces. There were assessments which identified potential risks to people but these did not provide staff with information about potential triggers or the action required to minimise the risk.

Care plans lacked detail and did not always reflect people's needs and the support they required. Whilst staff and the registered manager had a clear understanding of the Mental Capacity Act 2015, documentation did not demonstrate this.

There were a range of systems to monitor the quality and safety of the service. However, these were not fully effective as shortfalls such as the cleanliness of the environment, had not been identified or addressed.

Staff were familiar with the needs of people they were supporting. They felt well supported and undertook a range of training courses to help them do their job more effectively. Some staff suggested that the style of training provision could be improved upon by including more external speakers, reflection and discussion. Not all staff received regular supervision and appraisal, we have made a recommendation about the provision of supervision and appraisal for all staff.

Staffing levels were sufficient for the numbers of people living in the home. Apprentices undertook duties such as clearing tables and tidying rooms and were used to support the care team. Whilst the apprentices confirmed they could ask for advice, they were not allocated a mentor or directed by staff in such a way, to develop their knowledge and skills.

People looked well supported and staff responded to individual requests in a timely manner. Staff spent time with people and promoted their rights to privacy, dignity and choice. People were assisted promptly without having to wait. However, staff did not consistently respond to one person's agitation.

People's medicines were managed in a safe and ordered manner. Medicines were stored appropriately and clear, well maintained records showed that people had taken their medicines, as prescribed.

People told us they felt safe at the home. Systems were in place to protect people from abuse. Staff knew how to identify if people were at risk of abuse and what actions they needed to take to ensure people were protected. People were happy with the care they received and the way staff treated them. They said they liked the food and had enough to eat and drink. People were aware of how to raise a concern or make a complaint. They were encouraged to give their views about the service they received either informally or by meetings or completing questionnaires.

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

Summary of findings

The five questions we ask about services and what we found

We always ask the following five questions of services.

Is the service safe?

Requires Improvement

The service was not always safe.

Not all risks to people's safety in relation to the environment and infection control had been properly addressed. Individual assessments did not clearly identify potential risks to people and how these were to be managed.

There were sufficient staff on duty to meet people's needs. Apprentices were used to assist the care staff team in duties such as tidying rooms, clearing tables and serving drinks.

Appropriate systems were in place to manage people's medicines.

Is the service effective?

Requires Improvement

The service was not always effective.

Staff felt well supported and received on-going training in a range of topics. However, not all staff felt the style of training provided was fully conducive to their needs. We have made a recommendation that all staff should have access to appropriate supervision and appraisal.

Whilst the management team and staff had knowledge of the Mental Capacity Act and Deprivation of Liberty Safeguards (DoLS) the requirements of the Mental Capacity Act were not always followed when assessing people's capacity to make decisions.

People's health care needs were appropriately assessed and staff supported people to stay healthy.

People had enough to eat and drink and enjoyed the meals provided.

Is the service caring?

Good

The service was caring.

People told us they were happy with the care they received and the way staff treated them.

There were positive interactions between staff and people who used the service. Staff promoted people's rights to privacy and dignity and spoke to people in a caring, friendly and respectful manner.

Is the service responsive?

Requires Improvement

The service was not always responsive.

Staff were knowledgeable about people's needs yet care plans lacked detail and were not person centred.

Staff assisted people in a timely manner although they did not consistently respond to one person's agitation.

Summary of findings

People looked well supported and told us they were happy with the care they received.

People told us they knew how to raise any concerns or complaints and were confident they would be taken seriously.

Is the service well-led?

Requires Improvement 

The service was not well led.

There were a range of systems in place to monitor the quality and safety of the service. However, these were not effective as issues such as the cleanliness of the environment had not been identified and addressed.

People and their visitors were encouraged to give their views about the service provided.

Goldenley 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.

This inspection was unannounced on the 18 June 2015 and continued on 22 June 2015. The inspection was carried out by two inspectors.

We spoke with seven people living at Goldenley Care Home and one relative about their views on the quality of the care and support being provided. We spoke with the registered manager, six staff and two health/social care professionals. We looked at six people's care records and documentation in relation to the management of the home. This included staff supervision, training and recruitment records, quality auditing processes and policies and procedures. We looked around the premises and observed interactions between staff and people who use the service.

Before our inspection, we looked at previous inspection reports and notifications we had received. Services tell us about important events relating to the care they provide using a notification. We did not ask the registered manager to complete a Provider Information Return (PIR). This is a form that asks the provider to give some key information about the service, what the service does well and improvements they plan to make. We gained this information during the inspection.

Requires Improvement

Is the service safe?

Our findings

Not all risks to people's safety had been identified or addressed. There were radiators in the dining room, downstairs toilet and five people's bedrooms and en-suite facilities, which were not fitted with covers. This meant that people were not protected from the hot surfaces if they touched or fell against them. The home's policy and procedures advocated radiator covers to minimise potential risk. The registered manager stated that the radiator covers were not in place, as they had been broken and removed. They told us this was "a couple of months ago" and the covers had yet to be replaced. They said it had not been possible to fix a cover to one radiator due to its position. The option of fitting a low surface temperature radiator, or moving the position of the radiator had not been considered. The home's policy and procedures stated that individual risk assessments should be carried out with regard to the risk to people from hot surfaces. The registered manager told us that individual risk assessments had not been undertaken.

On a tour of the environment, one person was looking for a wedge, which they said they usually used to hold open their door. The person said they had used the wedge earlier in the morning so they were not sure what had happened to it. Two other fire doors were held open inappropriately with either door stops or items of furniture. The fire doors were intended to automatically close when the fire alarm sounded to minimise the spread of smoke or fire. Holding the doors open with objects such as furniture, restricted this operation and increased the risk of a fire spreading. One fire door on the first floor did not close into its surround properly. This would not have contained smoke within the room in the event of a fire. After our inspection, the registered manager told us the issues with the door had been addressed.

There were a range of individual assessments, which identified potential risks to people. These included the risk of falling, fire and pressure ulceration. Whilst the assessments had been updated on a monthly basis, they lacked detail and did not clearly identify the measures required to minimise the risks identified. For example, one person was at risk of experiencing a thrombosis. The assessment indicated that staff were to monitor the person if they knocked themselves in terms of their blood clotting ability. There was no information about what staff were to look for in the event of a thrombosis developing or how to minimise this occurring.

There were some shortfalls in relation to infection control. These included the cleanliness of the environment, as less visible areas such as skirting boards, wheeled equipment and wheelchairs were not clean. The laundry had debris on the floor and dust in the crevices of the laundry baskets. Cleaning schedules showed that people's bedrooms were cleaned on a daily basis but less visible areas were not identified. A member of staff told us they would complete this cleaning if they had time, but this was not on a regular basis.

There were other practices that compromised good infection control and food safety. These included the care team remaining in their care staff uniform, whilst cooking lunch. They wore a disposable plastic apron over their uniform but this was not sufficient to cover all areas, increasing the risk of contamination. There were flip top bins in the kitchen and laundry room, which also presented a risk of contamination, when touching the lid. The registered manager told us they did not know why these bins were in use, as they had recently replaced them with new foot operated mechanisms. In addition, staff delivered plated, uncovered meals to people in their bedrooms. This increased the risk of debris entering the food.

These issues were a breach of Regulation 12 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

People told us there were enough staff on duty to meet their needs. Specific comments were "there is always someone around to help you if needed" and "they come quickly if you call them" One person told us "they always pop in to see that I'm ok but they haven't really got time to sit down and talk to me for any length of time". A relative gave us a similar view. Staff told us there were enough staff to support people effectively. One member of staff told us "at the moment, staffing is fine but if we get more people, we would need more staff". Another member of staff told us "having the apprentices makes all the difference. Without them, we'd struggle, as they do all the things like tidying up. We would need more staff if we didn't have them". Another member of staff told us "we have enough staff but if we had more, we could take people out, which would be good".

Requires Improvement

Is the service safe?

Throughout the inspection, the home was relaxed and people were supported appropriately without having to wait. There were minimal call bells ringing and those which did ring, were answered without delay.

The registered manager told us that staffing levels were sufficient to meet people's needs. They showed us a dependency tool, which they used to determine the home's staffing levels. The registered manager said there were normally three care assistants on duty between 8am and 3pm, supported by an apprentice. Between 10am and 1pm, one of these care assistants worked in the kitchen and cooked lunch. After 3pm there were two care assistants and an apprentice. Night staff consisted of one waking care assistant and another member of staff who provided 'sleep in' duties. This member of staff could be called upon for advice or assistance, as required. Staffing rosters demonstrated that these staffing levels were adhered to.

People told us they felt safe within the home. One person told us "I do feel safe living here. The staff make you feel safe". Another person said "I feel safe now. I didn't used to, as I had people that would wander into my room at night but that doesn't happen anymore". A relative told us they had no concerns about their family member's safety. They told us "oh yes, she's safe here. We've got no reason to worry. They look after her well and keep us informed if there's anything we need to know". The relative told us they had never seen any practices in the home, which caused them cause for concern.

Staff told us they would immediately report any suspicion or allegation of abuse to the registered manager or the most senior member of staff on duty. They said it was the responsibility of the registered manager to raise a safeguarding alert if required. However, if they felt their concerns were not being taken seriously, staff told us they would speak to the provider or other agencies such as CQC. One staff member told us they had done this in the past. Another member of staff told us "I would keep going until I got some answers. The residents rely on us to say, if things aren't as they should be".

People's medicines were managed and administered in a safe and ordered manner. Medicines were dispensed into a monitored dosage system by the local pharmacy. This minimised the risk of error. Staff had satisfactorily signed the medication administration records (MAR) to show people had taken their medicines, as prescribed. When a person had refused or had not received a medicine, the appropriate code had been recorded on the MAR. People's photographs were attached to their MAR sheets to aid identification and any medicine allergies were recorded. Individual protocols for the use of 'as required' medicines were kept with people's MAR sheets. The protocols directed staff as to the medicine's correct administration to ensure maximum effect. A local pharmacy, which supplied people's medicines, had recently completed an audit of the medication systems. 100% compliance was identified. Monthly audits relating to medicine management were undertaken by the registered manager.

Staff and the registered manager told us that staff had worked at the home for a number of years. The staff team was stable and there were very few new staff. Records of the two most recent employees contained evidence of safe recruitment practice. However, there were discrepancies in the records of one member of staff who began employment at the home in 2013. The records indicated that the staff member was offered the role and had started employment prior to an interview being carried out. The registered manager told us that this must have been an error made by the previous administrator. The information on another staff member's application form in 2013, regarding their previous employment, did not match the information they had provided on their CV. The registered manager had not noted this discrepancy.

Requires Improvement

Is the service effective?

Our findings

Staff and the registered manager demonstrated a good understanding of the principles of the Mental Capacity Act 2005 (MCA). The MCA provides the legal framework to assess people's capacity to make certain decisions, at a certain time. When people are assessed as not having the capacity to make a decision, a best interest decision is made involving people who know the person well and other professionals, where relevant. The Deprivation of Liberty Safeguards are part of the Act. The DoLS provides a process by which a person can be deprived of their liberty when they do not have the capacity to make certain decisions and there is no other way to look after the person safely. They aim to make sure that people in care homes are looked after in a way that does not inappropriately restrict or deprive them of their freedom.

Applications to authorise restrictions for some people had been made by the service and were being processed by Wiltshire Council, the supervisory body. However, not all care plans had a clear statement relating to the person's mental capacity. Necessary records of assessments of capacity and best interest decisions were not always in place for people who lacked capacity to decide on the care or treatment provided to them by the home. Staff had not explained and recorded the evidence for the decisions made. The MCA Code of Practice requires the statutory best interest checklist to be used when any best interest decision is made on behalf of a person who lacks capacity. There was no record that this was used.

Records showed that the provider had been consulted in relation to 'do not attempt cardiopulmonary resuscitation' forms (DNACPR). The DNACPR forms were not supported by records of assessments of capacity or by records of best interest decisions. This meant the DNACPR forms held by the provider for use in relevant medical emergencies did not meet the requirements of the MCA.

This was a breach of Regulation 11 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

Staff told us they undertook regular training in a range of topics associated with their role. They said the majority of the training was via workbooks, which they completed on their own without discussion or reflection. They said the workbooks were then sent away for marking and a pass rate was given. Three staff told us they did not find this method particularly useful and it did not enhance their practice. They felt they would learn more from external trainers, discussion and reflection. The staff explained that the most useful training they had undertaken was manual handling. This was because an external trainer had facilitated the training and they were able to practice techniques and discuss particular issues related to people's needs. Following this feedback, the registered manager told us they would consider staff training preferences when organising future training, although they believed existing training was already a mixture of on-line sessions and in house training by training providers.

A training matrix showed that the majority of staff had received training in mandatory subjects such as safeguarding, infection control and health and safety. Other training provided included dementia, mental capacity and dignity in care. The training matrix showed that two members of staff needed to update some of their mandatory training. Another member of staff, who was not involved in delivering personal care, had only one training session recorded since they started working in the home in 2013. Whilst the registered manager explained the reasons for this, the lack of training did not ensure they had fully equipped the member of staff, to undertake their role effectively.

The home had recently employed two young people between the ages of 16 and 18 years old as apprentices. A review of their job description and an 'apprentice work list' indicated that their role did not involve delivering any aspect of personal care. Their role involved helping at mealtimes, providing people with drinks during the day, undertaking social activities in the afternoon and some cleaning duties, as required.

The apprentices had been given a common induction standards work book, which they were expected to complete within six weeks. We asked the registered manager if the apprentices were allocated a mentor in order to support them through this process. The registered manager said this had been tried previously but it did not work. They said senior members of staff would inform them if the apprentices were not happy and added that they had supervision sessions with the deputy manager every six weeks. An apprentice confirmed that they did not have a mentor but they could ask for advice at any time, if they needed to. During the inspection, there was very little discussion between staff and the apprentices. Staff asked

Is the service effective?

the apprentices to complete tasks such as checking people's rooms to ensure they were tidy. There was no evidence of staff supporting the apprentices to learn or develop their knowledge and skills. One apprentice told us they would ask if they did not understand something and would learn more when they were 18 years old, when they could start to assist people with their personal care.

Staff told us they gained their support from each other. They said they worked well as a team and helped each other out as much as they could. The deputy manager told us that they formally supervised all care assistants. They said they facilitated formal supervision sessions where staff could talk about their performance, any training needs or general concerns, which they might have. Staff confirmed these sessions took place. They said the sessions were useful and they were confident that any issues raised, would be addressed appropriately. The deputy manager told us they would ask if there was anything they needed but they did not receive formal supervision from the registered manager. Whilst staff were positive about the formal supervision they received, they said they did not receive an annual appraisal. This is a system which focuses on the staff member's strengths, their achievements and where they need additional support to do their job more effectively. There were records of individual supervision meetings in staff files. These showed that formal supervision sessions took place every three to four months. There were no records of staff appraisals.

People told us they liked the food and had plenty to eat. One person told us "it's good home cooking, nothing fancy just proper food, traditional". Another person told us "we have a choice and it's cooked nicely. We have a selection. If you don't like something, they'll give you something else". Another person told us they liked the meals provided but they missed having homemade cake. They told us this was not available, as the care staff did the cooking and the home did not have a 'proper' cook. A relative told us they had no cause to raise concerns about the food. They said "all meals look appetising and well-cooked. [Family member] has never said there's a problem so I presume everything is alright".

The lunch time meal was unrushed and there was general conversation between people and with staff. Staff asked some people if they needed assistance with cutting up their food, in a quiet manner. They informed people of the contents of the meal. All food looked colourful and well presented. People were offered a choice of two dishes, sausages in gravy or faggots. One person said "ah, lovely, that looks good" as staff placed their meal in front of them. People had a choice of cold drinks with tea or coffee after their meal. Staff told us people's weight was monitored. They said people were weighed on a monthly basis or more often if they were losing weight. One member of staff told us people did not require any special diets at this time although these would be accommodated, if required.

People told us they were able to see health professionals such as their GP, where necessary. One person told us "if you're unwell they'll call the doctor". Another person told us "you've only got to ask to see a doctor and they will call them". A relative told us that staff always made any health care appointments their family member needed.

Staff told us people received good support from a range of health care professionals. They said the district nurses visited regularly and there was a GP's surgery "just over the road". One member of staff told us the proximity of the GP's surgery meant that people could visit the GP rather than be visited. They said this enabled people to be more independent. Staff told us that one person needed to visit the surgery regularly for a dressing. They said the visit was combined with a coffee and/or a quick look around the shops. Staff told us they were able to request specialised services via the GP, as required. Records were maintained of appointments with health care professionals. The records showed any intervention, advice and follow up action. During the inspection, we spoke with one health care professional. They told us that staff always called them appropriately for advice or to ask for a visit. They said staff provided a good standard of care and always followed any instructions they gave.

We recommend that all staff have access to appropriate supervision and appraisal.

Good

Is the service caring?

Our findings

People told us they were treated well and staff were caring. One person told us "that's the best thing about it here, the staff. They're lovely, all of them. They're always smiling and very patient. We always have a good chat. I get on well with all of them". Another person told us "the staff are very good. They are friendly and will do anything you ask them to do. They're very good". Another person told us "the staff are very helpful, very kind. You can't go wrong with the staff".

A visitor was equally positive about the staff and the care provided. They told us "the staff are very good. They're very welcoming and keep me informed if there is anything I need to know. I've got no complaints, they are very good. You get to know them well, as it's usually the same ones around when I come in". The visitor told us they could visit when they wanted to, at any time and were always made to feel welcome.

Staff spoke about people with fondness. One member of staff told us "XX is lovely, such a lovely person. I really admire how they are, especially with what they are going through, with their health". Another member of staff told us "we always have a chat and XX always says "I'm all the better for seeing you" when I help them. We have a laugh about it. I really like spending time with the residents. We have some really nice people here". Another member of staff said the home was like a family. They said they cared about people, as they had known them for a long time. Staff told us that caring for people at the end of their life was a privilege but also a sad time, as they had grown close to people whilst working with them.

Staff showed a caring approach when supporting people. On the second day of the inspection, we observed a staff member serving mid-morning drinks to people. They offered people a choice of drinks, placed the mug so that it was easily reached and checked to ensure it was not too strong. One person asked for more milk in their drink and this was respected. People were offered the choice of a chocolate snack bar or shortbread to go with their drink. The staff member joked with people about chocolate, which people responded to well. They asked people if they wanted more biscuits and told people jokingly, not to worry about their waist line. At lunch time, staff gave people their lunch time meal and informed them of what it was. Staff asked people if they wanted any condiments or if they wanted help with cutting up their food. Staff made pleasantries such as "enjoy your meal" and asked people if they were happy with what they were eating.

Staff spoke to people as they accompanied them to and from the dining room for lunch. One member of staff assisted a person in a wheelchair. They made sure the person's elbows were tucked in so they did not hurt them on the door frames. Another member of staff placed their hand lightly on a person's back, whilst walking with them. They gave reassurance and clear instructions to enable the person to sit safely in their chair.

People told us that staff promoted their privacy and dignity. One person told us "oh there are no problems in that area. Usually the same staff member helps me and they always do it nicely". Another person told us "they're very good. They're discreet". Staff were confident when talking about how they maintained people's rights to privacy and dignity. One member of staff told us "we do all the basic things like closing doors and curtains and making sure people are covered during personal care but it's also about treating people as individuals, finding out what they want and how they want things done". The member of staff continued to say "I always think about how I would want to be treated and if I wouldn't like it, I'm sure other people wouldn't either".

Requires Improvement

Is the service responsive?

Our findings

People's care plans lacked detail and did not demonstrate a person centred approach. The registered manager told us about a person's weight loss due to their health care condition. The condition and its impact were not identified in the person's care plan. There was a record of the person's weight, which showed a slow decline. However, the weight loss could not be accurately measured, as staff had recorded the month in which the person's weight was taken rather than the specific date. A care plan identified that the person ate small amounts and had supplement drinks to enhance calorie intake. No changes had been made to the person's care plan in response to their weight loss. Records showed that the person had fragile skin and they required staff to apply cream and to check all pressure areas for any redness and bruises. No other measures to minimise the risk of pressure ulceration, such as pressure relieving equipment or the need to ensure the person changed their position, were identified. Records stated "can be incontinent and requires toileting". The information did not inform staff what support the person required or its frequency.

Records showed that another person was at risk of pressure ulceration. The support required to minimise this risk was stated as "make sure XX does not sit in the same position for too long. All pressure areas to be checked regularly and any concerns dealt with appropriately". This information was open to interpretation and did not ensure the person received safe care. Records showed that the person was prone to skin tears. There was no care plan to show how these injuries could be reduced. A body map identified sore areas of skin. The information did not describe the sore areas to monitor healing and there was no plan of care to inform staff about treatment. Records showed that the person used continence aids, which needed to be "changed regularly 24 hours a day". The instruction was not specific and did not ensure the person received consistent, safe care.

Throughout our inspection, one person repeatedly called out as if wanting a member of their family. On one occasion, a member of staff responded by asking the person if they were hungry. They asked the person what they wanted and the person said "bread and jam". The staff member said they would get this for them and they returned without delay. The staff member was attentive and ensured the person could reach and hold the sandwich. On other occasions, staff did not respond to the person's calling. The person's care plan stated that staff should try to distract the person and if this failed, they should be taken to their bedroom to relax. This approach was not followed and the person continued to call out at varying intervals, without any response from staff. The person's care records indicated that they were unsettled at times. The information did not indicate potential triggers or how their anxiety was managed.

This was a breach of Regulation 9 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

At other times, staff were responsive to people's needs. One person asked for some dry toast, which was respected. Another person wanted to use the bathroom. Staff assisted them to stand by using short sentences. They gave reassurance and asked the person about their wellbeing. Staff communicated with one person by writing on a white board. The interactions were effective and unrushed and the person was able to verbally respond to the questions asked of them.

People looked well supported and told us they were happy with the care they received. They said they could choose their own routines such as what time they got up and went to bed. One person told us how they liked to stay in their room but ate in the dining room so they had some company. They told us "staff always come to get me to take me down for lunch. I never have to remind them". Another person told us staff helped them with their personal care in a quiet, unrushed manner. They said staff knew what they needed and how they liked things done. Another person told us staff were confident in using the hoist to move them safely.

The results of the most recent survey sent as part of the home's quality auditing system, stated that 83% of people were 'very satisfied' with the standard of care they received. The remaining 17% were 'satisfied.'

Staff were confident when talking about people's needs. They knew people well and were able to describe aspects of people's care and their preferences. One member of staff told us about a person's risk of developing pressure ulceration and the measures in place to minimise this risk.

Requires Improvement

Is the service responsive?

Another member of staff told us about a person's nutrition, their preferences and the pattern of their eating. Staff were aware of people's changing needs such as issues with mobility after a fall.

The registered manager told us that social activity provision was an area of weakness and something they wanted to improve. The registered manager told us people liked to go out but they were not really interested in activities within the home. They said people had recently visited local home-ware stores to buy summer bedding plants for the garden and had visited pubs for meals out. The registered manager showed us books they had bought to help with activity ideas. Staff confirmed that people liked to go out but it was often the same ones who did so. They said that finding activities people enjoyed and could participate in, was a challenge.

People's views about the social activities available to them varied. One person told us they liked to sit in the garden and chose not to join in with arranged activities. Another person told us there was not anything for them to do, as the activities were "not for them". One person told us "they try to keep us busy". During the inspection, staff sat with people in the lounge. One member of staff helped a person with a jigsaw puzzle, whilst another looked at some photographs with a person. People were asked if they wanted to play bingo. Three people participated and appeared to enjoy the activity. In the afternoon, some people played indoor skittles. Other people however, received little interaction. There was a visiting hairdresser, which some people enjoyed.

People told us they would talk to staff if they were not happy with any aspect of their care. One person told us "I can't think of anything I would complain about but I'm sure the staff would sort it out, if I had a problem". Another person told us "I wouldn't want to get anyone into trouble but I'd tell the staff, if I wasn't happy". Another person told us they would tell the manager. People were confident that any issues raised would be dealt with appropriately. People were confident their concerns would be addressed appropriately. The complaints procedure formed part of the welcome pack which was given to people when they first moved to the home. Details about making a complaint were located in the entrance hall. The last recorded complaint on file was dated 10/9/2013.

Requires Improvement

Is the service well-led?

Our findings

Staff undertook monthly audits in relation to their area of work. The audits covered topics such as food, infection control, medicine management and social activities. The registered manager undertook a monthly 'Registered Care Managers Audit'. This covered topics, which had been audited by staff and other areas such as care planning. Whilst the audits were taking place, some shortfalls were not being identified. This included the concerns in relation to infection control practices.

Within an audit undertaken in April 2015, it was identified that the registered manager and the maintenance person needed to renew their DBS check. The registered manager had completed theirs but the maintenance person's check had not been requested. Within another audit, it was identified that staff competency checks required updating. A further record, signed by the registered manager stated this had been undertaken. The initial assessments were dated 2013 and contained details of practice observations. The registered manager had initialled and dated these assessments each year onwards to show that the staff's competency had been reviewed. However, no changes had been added to the records despite the observations relating to the original assessments in 2013. This indicated that staff's competency had not been thoroughly reassessed.

Another record showed that a member of staff had not received updated medicine training since June 2012. The registered manager was aware of this but said their competency had been assessed. There was only one assessment on the staff member's file. The registered manager provided assessments for six other staff. These had all been signed, as completed on the same day indicating that all six staff had administered medicines that day in order to be formally assessed. The staff member who undertook the assessments confirmed that this was not so. They said the registered manager always asked them not to date documents such as the competency assessments but they did not know the reasons for this. The registered manager, who had signed this staff member's medicine's assessment with the same date, was unable to clarify the situation of why all assessments were dated the same day, despite this not being accurate. They said they were aware of the staff's capabilities and said "it's just a refresher". This view did not give value to the assessment process or demonstrate staff were competent in their role.

This was a breach of Regulation 17 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

A health care professional told us they would find it beneficial for those people they visited, to have paper towels in their bedroom. This would enable them and staff to wash and dry their hands before leaving the room to minimise the risk of spreading infection. We did not see this facility in people's bedrooms but the registered manager told us they had supplied a roll of paper towels in each room, for this purpose. The registered manager explained that due to this, they were not sure what the health care professional meant although would look into it further.

The registered manager told us and the staffing roster stated that the registered provider visited the home once or twice a week. The registered manager said the visits were unannounced and the provider undertook "non-specific" checks and sometimes spoke to people's families, if they were in the home. There were no records of these visits. Three members of staff told us the provider was 'on call' in the event of other managers not being contactable. They said the provider could also be contacted at any time, if they had any concerns which they did not want to discuss with the registered manager. Staff told us all contact would be by telephone, as the provider rarely visited the home. This conflicted with what the registered manager had told us and what was recorded on the staffing roster.

The registered manager told us that people's views were gained informally and annual questionnaires were sent to people's next of kin. In addition, surveys were sent to the staff team and each person's GP. Records showed that feedback from the questionnaires was collated and action taken in response to the findings. For example, the last survey indicated that 17% of people were not very satisfied with the activities offered. As a result, social activities were discussed in staff meetings and the registered manager encouraged staff to be more engaged with activity provision. Staff told us about this but raised concern that they had not been trained in this area. They said they found it difficult knowing what to do and how to engage people in activity. One member of staff told us "sometimes we are given roles, without looking at our skills, knowledge or

Requires Improvement

Is the service well-led?

preferences. Activities are something staff don't find easy so to be meaningful, it would be good to employ someone who has those skills, a proper activities organiser. The residents would really benefit then".

The registered manager told us that 'resident and relative' meetings' were held bi-annually and a record of the discussions was maintained. We asked the registered for minutes of the last meeting but they said these were not available. They said this was because the meeting was at Christmas and they had not completed the minutes yet. The registered manager had produced a handwritten note, which contained minimal information about the meeting. In addition to the 'resident and relative' meetings, the registered manager told us they held 'Meal and Nutrition' and 'Activity' forum meetings every six months. Records of these meetings were available.

Staff told us that regular staff meetings were held so they were kept up to date with information. They said the meetings were usually chaired by the registered manager. Staff told us the meetings were informative but they were not really used to discuss topics or share ideas. One member of staff said they did this more in their supervision sessions with the deputy manager. Records showed that the frequency of staff meetings varied between one and three months. Issues covered included care planning, dignity, nutrition and hydration, activities, menus, health and safety, MCA, DoLS and safeguarding.

The registered manager told us they aimed to provide good care in an informal, homely and relaxed atmosphere. They said people who lived at the home were like their family. Staff gave us similar views when asked about the culture of the home. They all agreed that the standard of care within the home was good and they encouraged people to make choices and to be as independent as possible. Staff told us they cared about people and their overall wellbeing, so as a result they enjoyed working with people and their job.

This section is primarily information for the provider

Action we have told the provider to take

The table below shows where legal requirements 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 did not take formal enforcement action at this stage. We will check that this action is taken by the provider.

Regulated activity	Regulation
Accommodation for persons who require nursing or personal care	Regulation 12 HSCA (RA) Regulations 2014 Safe care and treatment The registered person had not ensured risks to people using the service were assessed and action taken to mitigate those risks. This included the risk of infection.

Regulated activity	Regulation
Accommodation for persons who require nursing or personal care	Regulation 11 HSCA (RA) Regulations 2014 Need for consent The requirements of the Mental Capacity Act 2015 and its Code of Practice were not always followed when best interest decisions were reached on behalf of people who lacked capacity to make their own decisions.

Regulated activity	Regulation
Accommodation for persons who require nursing or personal care	Regulation 9 HSCA (RA) Regulations 2014 Person-centred care Planning of care was not always done in such a way to meet people's individual needs and ensure their safety and welfare.

Regulated activity	Regulation
Accommodation for persons who require nursing or personal care	Regulation 17 HSCA (RA) Regulations 2014 Good governance Whilst there were arrangements in place to monitor the quality and safety of the service, these were not operated effectively.