

## South West Care Homes Limited

# Michaelstowe

### 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?

Good



Is the service responsive?

Requires improvement



Is the service well-led?

Good



### Overall summary

The inspection took place on the 29 and 30 September 2015 and was unannounced. We last inspected the service on the 18 October 2013 and found no concerns.

Michaelstowe provides residential care for up to 24 older people who may be living with dementia or have a physical disability. They do not provide nursing care. Nursing care is provided by the community nursing team.

A registered manager was employed to manage the service. 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.

People's medicines were not always administered safely. People were not always having their medicines at the specific time or for a specific reason they were prescribed for. The practice of some staff was placing people at risk.

There were gaps in the recordings of people's food and fluid intake which meant it was not always possible to evidence people's nutritional and hydration needs were being met. Records for two people we reviewed showed they were prescribed food supplements. However, records did not detail these were given as prescribed.

# Summary of findings

Where it had been identified people needed extra monitoring due to concerns about their having lost weight, action was not always taken as expected within their risk assessments. There was no indication staff followed guidance or sought advice from the GP or other professionals such as a dietician. There was also no record of why the guidance was not followed. This placed some people at risk of malnutrition.

People felt in control of their care however, their care plans did not always reflect how they would like their care delivered to ensure consistent and appropriate care. People's records were not always completed fully to ensure they were accurate and provided staff with information required to provide safe and appropriate care. Records in relation to how people's needs were addressed were not always available to ensure people's needs had been met.

Activities were provided however, people had significant periods of time in the morning and afternoon when they had nothing to do and there was no interaction with staff to ensure people received some form of stimulation. People's faith needs were met.

There were risk assessments in place to mitigate the risk to people when moving around the service or using the garden and equipment. Some individual risk assessments were in the process of being updated to ensure they were linked with people's care plans. There were clear infection control policies in place to support staff to keep people safe. The home had been decorated to support people's memory about times past and there were clear signs for people living with dementia to find their way around.

People had their right to consent to their care respected by staff. People were assessed in line with the Mental Capacity Act 2005 (MCA) as required. Where people may need to be deprived of their liberty to keep them safe, a

formal application was made to the necessary authority. Staff demonstrated they knew how to care for people who lacked the capacity to make decisions for themselves.

People had their health needs assessed by relevant professionals as required. People said they had all medical care from outside professionals that they needed. Health professionals were positive about the role staff played in meeting people's health needs.

People spoke highly of the staff and felt they were well cared for. Staff treated people with kindness and respect. People's right to be treated with dignity was maintained.

Staff were trained to meet people's individual needs and were recruited safely. Staff understood how to identify abuse and keep people safe from harm. The number of staff required to deliver care safely had been reassessed by the registered manager. A resultant shift pattern and number of staff had been identified.

There were clear systems of governance and leadership in place. A lot of changes were in the process of being implemented while we were visiting the service. They were based on a nationally agreed model of good dementia care. People's complaints and concerns were investigated and people received feedback to ensure they were happy before they were closed.

The registered manager and provider carried out audits of the service to ensure good care. Some of the issues raised during the inspection had already been identified. They reflected on the issues identified during the inspection. They expressed a commitment to wanting to improve the culture and dementia care within the service.

We found breaches of the regulations. 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?

The service was not always safe.

People's medicines were not always administered safely.

Risk assessments were in place to monitor people's welfare and reduce the likelihood of them coming to harm.

There were clear infection control policies in place.

There were sufficient staff to meet people's needs and staff were recruited safely.

People told us they felt safe living at the service and staff were knowledgeable about safeguarding vulnerable people.

Requires improvement



### Is the service effective?

The service was not always effective. There were gaps in the recordings of people's food and nutritional intake which meant it was not always possible to evidence people's nutritional and hydration needs were being met. Care and treatment was not always designed to ensure people's needs were met.

People said they had all the medical care from external professionals they required.

People had their right to consent to their care respected by staff.

Staff were trained to meet people's needs, had regular supervision and were having their competency assessed.

The service was decorated to support people move around the building and know which part they were in.

Requires improvement



### Is the service caring?

The service was caring. People said they were well cared for and staff treated people with kindness and respect.

People felt in control of their care and said staff respected their dignity.

People's end of life needs were met.

Good



### Is the service responsive?

The service was not always responsive. People had care plans in place but people did not have all their needs recorded to enable staff to offer appropriate care.

Activities were provided for people. However, people sat for significant periods with nothing to do and no staff interaction. People's religious needs were met.

Requires improvement



# Summary of findings

People's concerns and complaints were investigated. People received feedback to ensure they were satisfied with the outcome. The registered manager reviewed complaints to ensure any learning was applied to the service

## Is the service well-led?

The service was well-led. There were clear systems of governance and leadership in place to ensure the service was well managed.

People and staff were asked their opinion of how the service was run.

There were regular audits to ensure the on-going quality of the service. There were also regular checks to ensure the building and equipment were in well maintained.

**Good**



# Michaelstowe

## Detailed findings

### Background to this inspection

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

The inspection took place on the 29 and 30 September 2015 and was unannounced.

The inspection team included two inspectors and an expert-by-experience. An expert-by-experience is a person who has personal experience of using or caring for someone who uses this type of care service.

Prior to the inspection we reviewed the records we held. This included previous inspection reports and notifications. Notifications are events that registered people are required to tell us about. Before the inspection, the provider completed 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.

Prior to the inspection we requested feedback from professionals who had a role with people in the service.

During the inspection we spoke with 17 people and two relatives. We reviewed the records of four people in detail. We also reviewed parts of six care plans to check on individual details of people's care. We spoke with people, or a relative of people, whose records we had looked at, where this was possible. This was so we could check people were receiving their care as planned.

We spoke with three staff and reviewed four staff personnel and training records. We reviewed the training plan for all staff and checked staff were receiving appropriate support and supervision to carry out their role effectively. We spoke with two health care professionals during the inspection.

We reviewed records kept by the registered manager to ensure they were measuring the quality of the service provided. This included a number of audits, feedback from people and families, policies and practices and minutes of meetings held with staff and people.

# Is the service safe?

## Our findings

People's medicines were not always administered safely. The staff we observed did not have protected time to complete the medicine round safely. During the morning medicine round the staff member was in charge of the service and was called by staff to attend visitors, to the inspectors when we arrived and to other visiting professionals. They were also called away to deal with a fall. This medicine round took until 11.50am to complete. The lunch time medicine was due to start at 12pm. The staff member advised this was unusual. We reviewed the medicine administration records (MARs) and found no times had been recorded for when medicines were given to ensure accurate gaps between people's medicines. For example, one person had recently been prescribed a short course of antibiotics. Although staff indicated the course of antibiotic tablets was completed, the gaps in the MAR showed the intervals between doses were varied, which could reduce the effectiveness of the medicines. We spoke with the registered manager about this who advised times were not written down unless this related to people's PRN (as required) medicines.

People were not always having their medicines at the specific time prescribed or when to be given for a specific reason. For example, one person was not given a medicine prescribed for osteoporosis because it had to be given before food and they had already had their breakfast by the time administering staff reached them. People requiring blood glucose checks needed this to be taken before breakfast however, on occasion, this had been taken after breakfast which would affect the reading and the recommended insulin levels to be given.

Another person was prescribed a medicine to support them to maintain their mental health. Staff had been giving this medicine 'as required' from 11 August to 7 September 2015. However, the MAR indicated this medicine was prescribed. Neither the MARs nor the person's care plan provided any further detail about whether the medicine was 'as required' or not. The registered manager felt there had been a misreporting on the MAR and this medicine was to be given 'as required' at this time however, this was not recognised by staff at the time or queried to ensure accurate administering. There was also a gap in this medicine being given to the same person from 7 September to 17 September 2015. This is despite a request

from a mental health professional requesting staff monitored this person closely from 7 September to gauge the effectiveness of this medicine for the person. The registered manager believed the medicine had been given but there was no record of this.

Practice by some staff was placing people at risk. For example, people's MARs were not fully completed and had gaps. For one person there was a gap in signing the MAR, the medicine had not been given, and we found the tablet still in the blister pack. The registered manager told us the person had been on an outing. There was no record to show this and it was not clear if or why the person had not been offered the medicine on their return. We saw one person's medicines were left with them in their room and signed for before it was known the person had taken them. Where there were gaps on the MARs, staff who administered the next medicine were not checking why there was a gap on the MAR or raising a concern. We observed staff taking medicines out of the pre-dosed packages without referring to the MAR or checking if changes had taken place while they were on leave.

There was no evidence that people's prescribed creams were being given as directed. People's care plans did not detail how staff should apply these creams. The registered manager said records were attached to people's daily records and each person had a body map available to indicate the precise cream and area of the body this should be applied. However, these could not be located. There was some confusion among staff about which creams were kept in people's rooms and which were kept on the medicine trolley. For example, we found one person had a tube of open, medicated cream on the trolley with the same type open in their room. Also in their room was more than one open tube of another cream plus some creams that were no longer on their MAR chart. Another person had a skin cream in their room which had been dispensed to someone else over a year ago. The registered manager agreed to review the administration and recording of the creams.

People's medicines were not always administered safely. This was a breach of Regulation 12 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014

There were risk assessments in place to mitigate the risk to people when moving around the service or when using the garden and equipment. Risk assessments were in place to monitor people's welfare and reduce the likelihood of them

## Is the service safe?

coming to harm. People had personal evacuation plans in place. Risk assessments covered risks in relation to falls, manual handling, skin integrity and malnutrition. These were updated monthly. Where there was a risk to other people due to aggression there was inconsistency in risks assessing this. Some people's records had risk assessments in place which included guidance to staff but others did not. None of the behaviour risk assessments were linked to the medicines people were prescribed to support people calm down. The registered manager had started to review this by the second day of the inspection and was consulting the correct guidance. People who smoked and were carrying their own lighters were not risk assessed, however this was amended by the second day with measures put in place to ensure everyone's safety.

The service had comprehensive infection control policies in place. Staff were trained in infection control. Staff were handling food, contaminated waste and laundry safely. Staff were provided with gloves and aprons to use. There were white gloves and aprons for delivering care and blue for the serving of food. However, we observed staff wore white or blue gloves most of the time. For example, staff wore white gloves when picking up clean laundry and taking people to and from the lounge following or prior to delivering personal care. This meant staff were increasing the possibility of infections being spread. We also found that there were no paper towels or place to dispose of them in people's en-suite for staff to wash and dry hands after delivering personal care. Staff had to use the nearest bathroom instead. This had been identified in the service's latest infection control audit as a concern but not actioned yet. We spoke with the registered manager about both of these issues. They advised they would speak to staff about the wearing of gloves and them washing their hands. They told us they would use staff handovers to remind staff of the correct procedures. This took place during the inspection.

We were concerned there were not enough staff to safely meet people's needs. Staff were not visible in the lounges

and dining room when people required assistance. One person raised a concern about staffing numbers but others were satisfied. Staff identified they were task orientated at the moment and would like more time to spend with people. We spoke with the registered manager and provider about this and was advised that they were due to bring in a new staffing structure no later than two weeks following the inspection. A new way of measuring how many staff were required to meet people's needs safely had been recently introduced and had identified more staff were required. In the meantime 'top up' staff had been brought in. We were told the new staffing structure would be reviewed by speaking with staff, people and families to ensure needs were being met. There would also be flexibility to meet people's needs to attend appointments or to support someone who was poorly and required more staff time.

Most people told us they felt safe living at Michaelstowe. However people also told us some people who took items from them due to their dementia worried them. We spoke with the registered manager about how they were managing this. Care plans were in place to support staff to manage this along with support from mental health services in respect of the person causing concern. Some people had been given keys to be able to lock their rooms.

Staff were recruited safely. Staff did not start working for the service until all safety checks were in place. Staff underwent a probationary period to ensure their on-going suitability for the role.

Staff were trained in safeguarding vulnerable adults and understood how to identify signs of abuse. One staff member said: "You need to look beyond what you can see and ask why are they feeling this way?" All staff stated they would pass on any concerns to the registered manager. Staff would also raise concerns about practice through the services whistleblowing policy. All staff were clear they would raise concerns outside the service if required.



# Is the service effective?

## Our findings

There were gaps in the recordings of people's food and fluid intake which meant it was not always possible to evidence people's nutritional and hydration needs were being met. There was also a risk staff did not have the information available to ensure safe and suitable response to any concerns. For example, one person had an assessment by the speech and language service on the 21 April 2015 to ensure they were able to swallow their food and fluid safely. The person's care plan was not updated until the 10 August 2015 when it had added: "I would like staff to purify all my meals at mealtimes as I've been advised by my dietician." No record was made of the additional advice given about staff giving thickened fluids and what to do if the person was observed to be coughing. Recordings of their food and fluid intake was poor with days missing. They recorded they had routine meal and fluid times but were not offered food "little and often" as recommended by the dietician. We discussed this with the registered manager (who had been away at the time), who confirmed with a member of staff this person had their food pureed from April however, there was no recording to substantiate this or the other advice being followed.

Records for two people showed they were prescribed food supplements (one twice a day and one three times a day). However, both were recorded on some days as having been given one supplement by staff. Other days, there was no recording. The registered manager confirmed the prescription in respect of food supplements but could not confirm they were given as prescribed due to the poor recording.

The poor recording of people's food and fluid intake, advice given and food supplements was a breach of Regulation 17 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

Where it had been identified people needed extra monitoring due to concerns about weight loss, action was not always taken in line with their risk assessments. For example, one person was identified in their nutritional risk assessment as having an increased risk of malnutrition due to increased weight loss. The guidance associated with the nutritional risk assessments stated staff should weigh the person weekly and consult relevant professionals such as a dietician. There was no indication staff followed this guidance. There was also no record of why the guidance

was not followed. A staff member confirmed the person was not being weighed weekly. No assessments by a dietician or similar professional had been requested. Another person had been weighed three times between 31 August 2015 and 21 September 2015 and had lost three kilograms in weight. There was no record of what action had been taken as a result even though they were already noted as at risk of malnutrition.

People's care was not planned to ensure people's needs were met in relation to their risk of malnutrition. This was a breach of Regulation 9 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

Not all people were receiving the support of staff to ensure they were eating sufficient food. For people whose care plan stated they required full assistance with meals this support was given. Staff sat with people when assisting them to eat, did not rush them, and asked the person if their meal was nice and made conversation. For people who were living with dementia but were physically able to eat their own food, we observed they were disengaged with their food. Staff were not available to identify when people needed encouragement to eat or focus on their food. We discussed this with the registered manager who advised the new staffing structure would ensure a staff member was available in each dining area and they were in process of identifying with staff how to support people living with dementia at meal times.

People were complimentary about the food and the portion size. Comments included: "The food's perfectly OK here; they give me an option", "The food's very nice. I just eat what they give me" and "I don't like pork or jacket potatoes. Staff know that so they give me something different. In the mornings I can have a fry-up or porridge and toast."

The atmosphere at lunch was calm. People could choose to eat in one of the two dining rooms or in their room or the lounge. A choice of drinks was offered. People were offered a choice of the meals on offer when at the table. Staff showed each the choices on offer. The registered manager explained this was done as people often forgot what they had ordered if asked too far in advance. In this way, people could see the food and related well to the visual reference. People confirmed an alternative was available if they did not like what was on the menu.



## Is the service effective?

There was good communication with the chef in respect of people's needs, likes and dislikes and people's view were sought about what food to put on the menu. There were plenty of snacks and drinks available around the service for people who were mobile to access.

People had their health needs assessed by relevant professionals as required. People said they had all the medical care from external professionals that they required. The health professionals we spoke with were all complimentary about the service and staff in meeting people's health needs. A district nurse said staff contacted her when they needed to. A visiting GP told us staff called them out in a timely manner and when necessary. Staff were described as knowledgeable about people's needs and were able to answer questions to support their diagnosis.

People had their right to consent to their care respected by staff. We observed staff always asked people for permission when offering care or support regardless of the person's ability. Staff waited until the person was engaged with them before starting the support.

The registered manager and all other staff were trained in and understood their responsibilities in respect of the Mental Capacity Act 2005 (MCA) and related Deprivation of Liberty Safeguards (DoLS). The MCA provides the legal framework to assess people's capacity to make certain decisions, at a certain time. Not all records had people's capacity assessments evident nor did they always detail the necessary discussions where a 'best interest' decision had been taken. The registered manager was addressing this. It was recorded where family had been consulted and people had access to an independent advocate if required. Staff were aware of the MCA and under what circumstances this was required. Staff demonstrated they knew how to care for people who lacked the capacity to make decisions for themselves. Staff stated they would use their understanding of the person such as observing body language to assess the person's mood and/or likelihood of consenting if they were unable to verbally communicate.

There were four DoLS applications in place which had been authorised by the relevant person by the local authority.

These were clearly dated and noted when they should be reviewed. DoLS provide legal protection for those vulnerable people who are, or may become, deprived of their liberty.

Staff were trained to meet people's needs, had regular supervision and regularly had their competency assessed. The provider had their own mandatory training which all staff were expected to complete. This included safeguarding, food hygiene, infection control, fire safety, mental capacity and deprivation of liberty, dignity and respect, dementia care, nutrition and continence care. The provider informed us they had requested a complete audit of staff training in July 2015. It was identified there were significant gaps in staff training and action has since been taken to ensure staff are suitably trained. The provider also advised they have taken a more person-centred approach to training requesting each staff member completes a training needs analysis to ensure training meets the needs of the service and staff.

Staff were very positive about the amount and quality of training they were offered. One staff member said: "There's always loads of training going on." During a supervision meeting, they had requested extra first aid training which had taken place. Another told us they were always asked at their one-to-one supervision sessions if there was any training they wanted.

When we asked staff how they were trained to meet individual needs, they told us about the 'butterfly training' they had received which was part of their learning about dementia care. They said this had taught them they did not need to spend a long time with an individual living with dementia to receive a benefit from the interaction. Instead, a shorter time or short spontaneous activities would have a positive effect, as well as enabling them to engage with more people or more often. This is reflected in information from the national organisation Dementia Care Matters.

The building was decorated in a manner that each area was different to help people know where they were and to stimulate people's memory. Picture labelling was used to support people to locate different rooms when needed.

# Is the service caring?

## Our findings

People were looked after by staff who treated them with kindness and compassion. Staff and people also had conversations with each other that demonstrated interest in each other. Care staff were pleasant, friendly and open. Staff spoke about people with affection and were patient with people. They knew people and their needs well. They gave lots of encouragement to people, laced with endearments.

Staff were observed treating people with respect and appropriate humour. We saw people respond, with equal humour, to staff's gentle banter and conversation. Staff gave compliments in a sincere manner, such as to tell one person he looked very smart in the shirt he was wearing. The person responded positively to this.

Staff told us they showed respect to people by using their preferred name; talking to them about their family or interests; treating them as an individual, by inviting them spontaneously to do activities staff knew they liked, such as "a bit of baking" or going outside to feed the rabbits. One person enjoyed seeing dogs, so staff brought in their pets. Another staff member said: "I ask them what they want to do. I talk to them and get to know them." One person was said to prefer to stay in their room and staff respected this, going to chat with them there so they weren't isolated.

People felt they were in control of their care and supported to remain as independent as possible. One person told us: "My relationship with staff is like a partnership". Other comments about how staff treated people included: "It's very good, very nice here, the staff are very nice. They try hard to get anything you want", "They make cups of tea and look after me and give my family cups of tea. The treatment is very good here; in fact excellent."

Relatives and friends were welcomed at any time. They could have the privacy of meeting in people's individual

rooms, the lounges or conservatory. Some people went out independently or with members of staff. A relative told us they chose this service, although it is a journey for them to get there, because of the quality of the staff. They remained happy with the service.

Visiting professionals told us: "The staff are respectful and friendly towards the residents" and another, "I have never witnessed the staff being anything but caring, compassionate and empathic with the needs of people. In fact, in my experience, the staff universally exhibit the '6 C's' (care, compassion, competence, communication, courage and commitment), the manager is also very hands on with the service users and it is evident that she has a good working relationship with her staff".

The registered manager had an easy relationship with people and spent time speaking to them. They explained, they were currently undertaking training in Dementia Care Matters by David Sheard and were seeking to spread the learning from this to all staff. The service had received the Dementia Kite Mark from the local authority showing they had reached a standard of good dementia care which was accredited. The registered manager advised all staff were being informed by their training and undertaking their own advanced training in Dementia. The aim being all people living with dementia in their service were having their needs fully met. One staff member said staff were: "Trying to get out of a routine, to make it so that people are in a home but it's their home."

One person's records included an advanced decision to support their end of life plan. This had been identified as an area for development in the PIR. There was no one currently identified as nearing the end of their life. We were advised people had end of life plans put in place when required and were ensured have their pain needs met by the community nursing team.

# Is the service responsive?

## Our findings

People had care plans in place. Some aspects of the written information was person centred and reflected people's individual needs and choice of how they wanted their care delivered. There was an original undated care plan with regular reviews. However, the care plans had hand written entries added which were undated and unsigned alongside the original printed care plan details. It was not possible therefore to confirm the record reflected people's current needs or included the details staff required to deliver safe and appropriate care.

Records in relation to how people's needs were addressed were not always available to ensure people's needs had been followed up on. For example, records showed one person had a blood test in April 2015 which identified they were anaemic. The record stated a further blood test would be required in four weeks. However, there was no record this repeat blood test took place. We discussed this with the registered manager who called the GP surgery that confirmed the blood test had taken place in May 2015 and had showed no continuing concerns.

Another person was visited by the GP, while we were visiting the service. The person was observed to have been shouting out saying they were uncomfortable and potentially in pain. Staff described the person as being "off their legs" and they were struggling to transfer them safely in verbal communication with us. Also, the person was recorded as having had four falls recently. There was no record in the visit by the GP that this had been raised but showed the GP had been requested to review "swollen legs". In the person's records, a previous physiotherapist assessment raised concerns about their leg muscle strength. There were issues recorded about their blood pressure and linked medicines in June and July 2015. There had also been other falls around the same time period. Aspects of their care recording, such as their falls and manual handling risk assessments, had not been updated with staff to ensure their current needs were being met. The information was incomplete on this person and there was no evidence of regular reviews in respect of a range of health needs. We discussed this person with the registered manager who advised us the person's needs had recently changed. The registered manager stated they were sure all needs would have been raised with the GP even though not recorded. They stated they would discuss the

person's needs further with the GP and requested an assessment visit from the community nursing service to assess the person's mobility. Their risk assessments were also updated.

When we spoke with staff they were knowledgeable about people's needs. Staff were able to describe in detail how they met individual care needs. However, this was not always reflected in people's records.

People with identified health or other issues had no corresponding care plan to inform staff how they should support this person. Staff were not provided with details on the risk and what to look out for. For example, two people were prescribed warfarin (a blood thinning medicine) that needed careful managing and regular blood tests. Records stated the blood tests were taking place as necessary. However, there was no care plan available to staff to support them to understand how to look after someone on this medicine. In this instance, staff were unable to describe how to meet this need. For example, what other medicines, drinks or foods should be avoided to prevent side effects for these people.

People's records were not always completed fully to ensure they were accurate and provided staff with information required to provide safe and appropriate care. This was a breach of Regulation 17 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

Activities were provided for people. People told us various activities took place and there was a photo album in the entrance showing previous trips out. Staff said they had an Italian night last week to welcome the Italian lady who has recently joined the home. There were still Italian flags up and they had had Italian food.

During the inspection, an activity took place later in the day when individual staff had a gap in their schedule to do this activity. The activity on both days was observed to be announced to people in the main lounge area and people were not given a choice to opt in or out of the activity. Staff were observed coming into the same areas between tasks and some individual conversations were had with people. During the morning, people did not have anything to do, and although there was a great range of possible games available in the outside conservatory, we did not see anyone being encouraged by staff to use anything independently nor was there any member of staff available to spend time just sitting with people or helping them with

## Is the service responsive?

any of the games or jigsaws available. We also observed in the afternoon people had been left sitting in wheelchairs or the dining room chairs since lunch time with no individual stimulation or the ability to move without staff support. In a separate lounge, we observed four people had no individual staff attention other than in respect of care related tasks. Sometimes a radio played but on the whole, there was no stimulation. We discussed the lack of stimulation for people with the registered manager who stated they were looking to improve activities based on their training in respect of their knowledge gained from their recent training in dementia care.

People's religious needs were met. One person attended a church locally and local religious leaders visited the service monthly.

People and family felt comfortable raising any concerns with the registered manager. The service had a complaints policy available which was made available to people. The registered manager stated they encouraged staff to pick up on concerns early. This way they could be dealt with before they became a big issue. People did not recall making any complaint. One person said: "I would speak up for myself but I haven't had to" and another, "I talk to the ladies in charge and they're very good at listening so I'd tell them if I had any problems but I don't have them often."

Formal complaints were investigated by the registered manager. People or the family member received feedback to ensure they were happy with how the complaint had been managed and the outcome. The registered manager advised they looked to ensure the service was improved as a whole for people.

# Is the service well-led?

## Our findings

Michaelstowe is owned and run by South West Care Homes Limited. South West Care Homes Limited run 10 residential services for older people in the south west of England. There was a nominated individual employed to take responsibility at the corporate level. This person was also the provider. The home was managed by the registered manager with the support of two team leaders.

There was evidence of the provider seeking to ensure the quality of the service was maintained. This was by attending the service themselves or by having other staff employed to carry out quality checks on the service. This included an operations manager who was employed to carry out this role across all locations.

We had several conversations with the registered manager and the operations manager who were at the service on both days of the inspection. The provider also attended the service on the second day. This was due to concerns we found during the inspection. The registered manager had been away from the home for a while, but had returned in July 2015 and on return to work found many aspects of the service were not performing to their expected standard. We saw in discussions with senior management and the staff, steps had been taken to address this. A number of new audits, training programme and ways of managing staff had been introduced. This was alongside a reflection that the culture and ethos of the service needed to change to reflect the Dementia Care Matters training and attain the Butterfly Award. The Butterfly Award is a national accredited scheme the service has to demonstrate its success in achieving a good quality level of dementia care through a focus on the lived experience of people. In the meantime, a lot of ground work had to be put in place to make all this happen. It was too early to evidence these during this inspection, however it evidenced that many of the concerns we identified were known to those in management. Where we raised new concerns we found they were reflective of these and sought to address them straight away.

People described the registered manager as approachable and easy to talk to. People knew who she was and spoke of her with fondness. One person said: "She's top of the class,

in charge. She's very nice." One staff member told us the home was improving now that the registered manager was back; explaining the registered manager had lots of good ideas that she was now putting into place.

Staff stated the registered manager, other senior staff and the provider were approachable. They felt they could raise issues and they would be addressed. Staff confirmed staff meetings took place to reflect on issues within the home and promote good practice. Staff had also the opportunity to give anonymous contributions which were discussed at staff meetings. Staff spoke about the new developments with excitement. They felt they would be able to provide better care once these were fully in place.

People were asked their view of the service through regular residents' meetings. The minutes of these were seen to include regular reviews of different aspects of living at the service. This included issues or suggestions around mealtimes, activities and any changes to the service. A questionnaire was last given to people and families in April 2014 and the registered manager advised they were planning to send one for 2015 out very soon. They did not currently ask professionals involved with the service for their view but were intending to introduce this.

There were a number of audits to check the quality and safety of the service. This included infection control, health and safety, observations of staff practice and medicines audit. Where concerns had been found these were discussed in staff meetings or in supervision. There was not an audit of care plans currently in place which was discussed with the registered manager and operations manager. They stated they would look to bring this in quickly to address the issues found during the inspection.

There were a number of policies and practices in place to support the running of the service. We were advised that many of these such as the medicine policy were being rewritten in light of current national guidance. The operations manager and provider advised the aim is that all policies also reflect the overall change in culture and ethos.

There were systems and contracts in place with companies qualified to ensure the building and equipment were maintained. All waste was collected by appropriate contractors.

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 9 HSCA (RA) Regulations 2014 Person-centred care  Regulation 9(1) and (3)(b)  Care and treatment was not always designed to ensure people's needs were met. People's care was not planned to ensure people's needs were met in relation to their risk of malnutrition.

Regulated activity	Regulation
Accommodation for persons who require nursing or personal care	Regulation 12 HSCA (RA) Regulations 2014 Safe care and treatment  Regulation 12(1) and (2)(g)  People were not protected by proper and safe management of medicines.

Regulated activity	Regulation
	Regulation 17 HSCA (RA) Regulations 2014 Good governance  Regulation 17(1) and (2)(c)  Records of people's care were not accurate, complete or contemporaneous.