

# Mahogany House (Newtown) Limited

# Mahogany Care Home

## Inspection report

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Newtown

Wigan

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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

This comprehensive inspection was unannounced and took place on 10 July 2017.

At our last inspection on 01 February 2016, we found four breaches of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014 in respect of; safe care and treatment (two parts of the regulation), staffing and good governance.

The home was rated as requires improvement overall and in the key lines of enquiry (KLOEs) for; safe, effective, responsive and well-led. The home was rated as good in caring.

At this inspection we found five breaches of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014 in regards to; person-centred care, dignity and respect, governance and staffing (two parts of the regulation). We also made a recommendation in relation to covert medicines. You can see what action we told the provider to take at the end of the full version of this report.

Mahogany Care Home provides residential or nursing care for up to 51 people and benefits from all ground floor accommodation. There were 44 people living at the home at the time of our inspection, including people living with a diagnosis of dementia. The home is situated in a residential area close to Wigan town centre and local amenities.

At the time of the inspection there was a registered manager in post, but they had resigned and were working their last day of notice at the time of the inspection. 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.

At the time of the inspection, the head of quality assurance, regional support manager and interim manager were facilitating our visit. A manager had been appointed and was expected to commence in post in August 2017. The interim manager would be providing daily oversight until the new manager arrived at the home.

People who used the service and the majority of relatives told us they felt the service was safe. The provider was no longer in breach of regulation 12; safe care and treatment which meant they were now meeting the requirements of this regulation.

We received a poor response from people living at the home, staff and visitors with regards to the staffing levels at the home. Whilst a formal dependency tool was used to determine staffing numbers, the agreed numbers of staff on duty each day was not consistent. We were told this impacted on the timeliness of the care provided which had compromised people's dignity.

There were appropriate risk assessments in place with guidance on how to mitigate risk. Staff recruitment

was robust with appropriate checks undertaken before staff started working at the home.

Staff demonstrated a good understanding of abuse and local safeguarding procedures.

We found DoLS (Deprivation of Liberty Safeguard) applications had been made as required but staff were not always aware of the people subject to DoLS.

Staff training had improved since our last inspection, but supervision and appraisal had previously been raised as an area of concern and the provider could still not demonstrate that this was being provided as regularly as outlined in the the homes supervision policy and procedure.

We found the staff had worked closely with other health professionals and appropriate referrals had been made when concerns were identified.

People confirmed they were given choices regarding their care. However, the care plans we looked at did not demonstrate that people had been involved in the planning of people's care and whilst reviews were done, they were signed off by staff and did not involve people living at the home. People told us they didn't know what a care plan was.

People and staff spoke fondly of each other. People we spoke with gave staff high praise and said that their privacy and dignity was promoted. However, we were informed of occasions when people's dignity had been compromised as a consequence of staffing levels. We also saw missed opportunities during the inspection to engage people in conversation.

There was an activities coordinator employed at the home and although there were no trips out at the current time, people told us they valued walks out in to the community and local shops with the activity coordinator. There was an activity programme that people could engage with if this was their choice to do so.

People, visitors and staff we spoke with during the inspection were uncertain of the management arrangements at the home. Staff morale was low and staff expressed not feeling valued or listened too.

We found the management to be open, honest and transparent regarding the home's current position and they had a clear identified plan to address the shortfalls in a structured and timely way. A home audit had been done prior to our inspection visit and the shortfalls and action plans had been shared with us prior to our inspection. This meant the management were addressing shortfalls and putting measures in place to improve the quality of the care provided to people.

## 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 consistently safe

There had been insufficient staff on duty on the days prior to the inspection, which had impacted on the care people received.

We found the provider had strengthened medicine processes and medicines were managed safely.

Risks to people's health and welfare were identified and appropriate procedures were in place to mitigate risk.

The provider had robust recruitment procedures in place and staff were able to identify safeguarding concerns and local reporting processes.

### Is the service effective?

**Requires Improvement** ●

The service was not consistently effective

Staff had received training and supervision but this had not been achieved consistently to demonstrate sufficient progress had been made.

Staff had still not had an annual appraisal and although we saw these had recently been scheduled they had been highlighted as an area of concern at our last inspection.

The service was meeting the requirements of the Mental Capacity Act 2005 (MCA). Deprivation of liberty safeguards (DoLS) had appropriately been applied for and followed up with the local authority.

People had timely referrals and access to other healthcare professionals.

### Is the service caring?

**Requires Improvement** ●

The service was not consistently caring

People's needs were not always met in a timely way.

Staff intentions were positive and demonstrated a caring and patient approach. However, due to insufficient staffing there were some areas of staff practice that had compromised people's dignity.

Staff understood people's care needs and offered choices when providing support.

People and staff spoke fondly of each other and appropriate contact and comfort was observed being given to people during the inspection.

### Is the service responsive?

The service was not consistently responsive

Comprehensive assessments were undertaken and care plan's devised to mitigate risks. However, people told us they had not been involved in planning their care and were not familiar with their care plans.

Staff completed a global entry on the daily logs which meant an accurate record of the care and treatment provided was not maintained.

There was a range of activities for people to participate in which promoted people's social stimulation and inclusion.

We saw the complaints procedure was displayed in the home and a log was maintained to track the complaints received.

**Requires Improvement** ●

### Is the service well-led?

We found the service was not consistently well-led.

We found there had been a lack of consistent management which had contributed to the service not improving the overall rating of the home from 'requires Improvement'.

Staff morale was low as a result of staff shortage and the continuous changes in management.

The provider is required to display the ratings from the previous inspection conspicuously in a place which is accessible to people who live at the home. We found this was displayed on the provider website and within the home.

We had received the required notifications and received timely update regarding the management changes prior to the

**Requires Improvement** ●

inspection. The new management had also identified shortfalls and devised an action plan with an identified timeframe to address the shortfalls in advance of the inspection.

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# Mahogany 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 was carried out on Monday 10 July 2017 and was unannounced. This meant the provider did not know we would be visiting the home on this day. We made a further announced visit to Mahogany care home on Friday 14 July 2017 to complete the inspection.

The inspection was undertaken by two adult social care inspectors from the Care Quality Commission (CQC) 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.

As part of our inspection planning we reviewed all the information we held about the home. This included previous inspection reports and any notifications sent to us by the home including safeguarding incidents, expected/unexpected deaths and serious injuries. We also reviewed the PIR. This is a document where the provider can state any good practice within their service and how they ensure their service is safe, effective, caring, responsive and well-led. We liaised with the local authority and local commissioning teams.

At the time of this inspection there were 44 people living at Mahogany care home.

During the inspection we spoke with the head of quality assurance, regional support manager, interim manager, registered manager whom was working their notice at the home, two nurses, a senior care assistant, four care staff and the chef. We also spoke with seven people living at the home, three relatives and a visitor whom was a close friend of a person residing at the home. For the purpose of the report, we have referred to relatives as visitors in the body of the report to maintain their anonymity.

As part of the inspection, we looked around the building and viewed records relating to the running of the home and people's care. This included seven care files, three staff personnel files and five medication administration records (MAR).

Throughout the inspection, we spoke with people in communal areas and their rooms. We observed how staff provided care and support to people living at the home. We also observed breakfast and lunch being served to see how people were supported to eat and drink.

## Is the service safe?

### Our findings

Nine of the 10 people and visitor's spoken with during the inspection said they felt the care provided at the home was safe. Comments from people included; "I always feel safe because the staff look after me really well." "I feel very safe. I didn't think I would because they don't lock our doors." "I've never had a problem I feel safe all the time." Visitor's said; "When I visit I have no concerns about people's safety here." I feel [person] is very safe as the care they get is second to none, but the staff are run ragged at times." "Person has said it is no use using the buzzer as nobody comes to help so a lack of staff is a big concern."

During the inspection, we looked at how the service ensured there were sufficient numbers of staff on duty to meet people's needs. People who used the service described how the amount of staff had impacted on their care. They reported long delays in staff answering call bells or that staff would answer the call bell and turn it off promising to return shortly. We were told staff didn't always return as indicated and that there had been occasions when they had been required to wait in excess of an hour to have their cares needs met. Comments included; "They are short staffed now. When I press my buzzer, they come after a while." "Sometimes there are not enough staff and it takes them sometime for them to see me when I ring my buzzer." "You always have to wait for help but sometimes it isn't for too long."

Visitor's said; "I don't feel there are enough staff as when I visit, people tell me they are desperate to go to the toilet and they have been waiting for a long time. This happens very frequently when in the dining room." "I am concerned about the number of staff on duty. I have observed somebody shouting for 15 to 20minutes for a drink before they were attended to." "The home is understaffed. We don't blame the staff for the delays; they are rushed off their feet. Staff that had been here a long time left and the new management attitude seems to be if staff are not happy then they can leave."

We spoke with staff and asked if there were enough staff available to meet the needs of people living at the home. All the staff spoken with confirmed there had not been enough staff on duty for the past few months to meet people's needs timely. Although staff were concerned that the safety of people was compromised as a result, they were unable to identify any incidents that had occurred as a direct consequence of short staffing numbers. Staff indicated that staff shortage was particularly prevalent at weekends and acknowledged turning call bells off and leaving people waiting due to being busy supporting another person at the time. Staff said; "The staffing levels fluctuate and you never know who is going to be on, as there doesn't seem to be an agreed number. We have been told it is based on a lower occupancy but we are really struggling at the minute."

We noted agency staff had been brought in on the day of the inspection and asked staff directly whether agency staff had been available to support them prior to our visit. Some staff declined to answer because they were concerned of reprisals. Other staff voiced that they had always been told agency staff were not able to be used on days. Staff were concerned that the current staffing levels would not be maintained and people's care would be compromised again following our visit. The off duties confirmed what we were told which we discussed with management during the inspection. The management indicated that staffing had been increased and recruitment was underway to address the shortage prior to our visit.

At our last inspection in February 2016, we questioned the sustainability and continued provider support of the staffing levels at that time and made a recommendation at that time. The feedback from people, visitors and staff was consistent that staffing levels had not been maintained to meet people's care needs timely and examples of how this had impacted on people were provided to substantiate that insufficient numbers of staff had been deployed to meet people's needs.

This was a breach of Regulation 18 (1) as the provider had not ensured sufficient numbers of staff were effectively deployed.

We looked at the systems in place to safeguard people from abuse and improper treatment. There was a safeguarding policy in place and the training matrix indicated that 78% of staff were up to date with their safeguarding training. We saw incidents had been reported appropriately to the Local Authority and we had received the required notifications where allegations of abuse had been made.

All the staff we spoke with told us they felt confident to recognise safeguarding concerns and report these through safeguarding or whistleblowing procedures. One member of staff said; "I have done training within the last 12 months and if I had concerns I would go straight to the senior." Signs of abuse or neglect could be not changing a person's pads or not re-positioning them as required. Generally failing to provide personal care could be abuse." "We must report any abuse we see. Types of abuse include physical and verbal. If appropriate action was not taken I would escalate higher."

We looked at three staff personnel files and saw that staff had been recruited safely and the required recruitment checks had been carried out prior to them starting work at the home. Staff had produced evidence of identification, had completed application forms with any gaps in employment explained, had provided employment references and a Disclosure and Barring (DBS) check had been undertaken. The DBS helps employers make safer recruitment decisions and prevents unsuitable people from working with vulnerable groups

At our last inspection in February 2016, the provider was found to not be meeting Regulation 12 of the Health and Social Care Act 2008 (Regulated activities) Regulations 2014. This was due to concerns about the management of medicines. At this inspection, we saw improvements had been made and sustained which meant medicines were now being managed safely.

We saw there was an up to date medicines policy in place which was dated April 2017. We saw competency assessments were completed to ensure staff had the required skills to manage people's medicines safely.

All the people spoken with us told us they got their medicines at the right time and that they were always available as prescribed. Comments included; "They are very good, I always get my tablets at the same time each day. They are very reliable." "Medicines are always given at the same time of day. They watch me take them because I sometimes drop them."

We saw that medication had been stored appropriately and that temperatures in medication rooms and fridges were checked daily to ensure that medication would not be adversely affected by the temperature.

Where people had medications on an 'as and when required' basis, there was guidance provided to staff informing them of when these should be given. We looked at medications records held and found that the amount of tablets available matched what had been recorded on the Medication Administration Record (MAR). This evidenced that medication had been given as prescribed and that the MAR's had been completed accurately.

We saw that daily checks were completed on controlled drugs to ensure that all controlled medications were accounted for. We also saw that nurses were responsible for completing a daily check on all other medication including; checking records were completed accurately, that temperatures had been checked and that any medication to be returned had been removed.

Some people needed to have their medicines given covertly by disguising it in their food or drink. There was some guidance written by the GP practice as to how to administer such medicines. However, there was no record to demonstrate that the pharmacist had been consulted as per the homes medicines policy. There was also no guidance detailing how the medicines should be administered covertly to ensure consistency or that the process followed would not confound the medicines efficacy.

We recommend the management refer to Nice guidance (2017) in order to ensure best practice is adhered to in regards to covert medicine administration.

People's care records contained identified areas of risk. Risk assessments were in place for areas such as; falls, moving & handling, use of bed rails, pressure care, choking, safe storage of creams (locked cabinet in rooms). All expected risk assessments were in place and reviewed timely in line with people's care plans. We saw where risks had been identified, there was a detailed care plan identifying what action had been taken to mitigate the risk. For example, people who had been assessed as being at risk of falling out of bed had a bed rails risk assessment completed and bed rails in place.

We saw people living at the home had personal emergency evacuation plans (PEEPs) in place, which provided the staff with detail about the level of support required for that person in the event that an emergency evacuation of the premises was required.

Upon arrival at the home, we completed a walk round of the building to look at the systems in place to ensure safe infection control practices were maintained. We saw bathrooms and toilets had been fitted with aids and adaptations to assist people with limited mobility and liquid soap and paper towels were available. The bathrooms were well kept and surfaces were clean and clutter free. Personal protective equipment such as gloves and aprons were available throughout the home and there were different coloured bins for collecting different types of laundry depending on their state of cleanliness. Cleaning products were stored safely and Control of Substances Hazardous to Health (COSHH) forms were in place for all the cleaning products in use.

## Is the service effective?

### Our findings

The people living at the home and their relatives told us they thought the staff were good at their job and had the correct knowledge and skills to provide effective support. A relative told us; "The staff always appear very knowledgeable about the residents."

We looked at the induction programme which staff completed when they first started working at the home. The induction was centred on the care certificate for staff who had not worked in care environment previously. An internal company induction was also provided. The care certificate aims to equip health and social care support workers with the knowledge and skills which they need to provide safe, compassionate care. The home therefore had their own induction which covered areas such as infection control, fire safety, health and safety and moving handling. The staff spoken with also said they were able to shadow existing members of staff before working on their own and were then observed undertaking their work.

We looked at the training matrix which provided an overview of the courses which had been completed by staff to support them in their roles. At the last inspection we identified gaps in staff training, where training had not yet been undertaken and refresher courses had not been scheduled to take place. This meant staff had not been provided with the appropriate training to support them in their role.

At this inspection we noted training was being undertaken to ensure staff had the required knowledge and skills. We noted 37 members of staff were listed on the training matrix, which we were told was up to date. The training completed included MCA/DoLS (65%), fluids and nutrition (62%), dementia awareness (73%), moving and handling (80%), safeguarding (78%) and health and safety (73%). We spoke with the management about the training and they acknowledged that there had been improvements but that further support was required during the shift to enable staff to complete the training.

We asked staff if they felt enough training was provided for them to undertake their roles effectively. One member of staff said; "We do a lot of it online and can use an app on our phones. I feel it's mixed as to whether we get enough really. When we get told about training, it's always at the last minute." Another member of staff said; "Training is alright. I feel quite up to date, albeit with a couple of courses that I still need to do."

We checked to see if staff were provided with appropriate supervision and appraisal, as this had been raised as a concern at our last inspection. During the inspection, we were shown a supervision folder containing the records of any sessions which had been held. Staff we spoke with during the inspection told us they had started to receive supervision and we saw one supervision had been undertaken in the last year. We looked at the notes from the supervision sessions that had been held and saw topics of discussion included training, safeguarding, privacy, dignity, respect, safeguarding and resident concerns. One member of staff said; "I did receive a supervision about a month ago, but they are not as frequent as they should be." A second member of staff said; "I've been here over a year but I only had my first supervision this year."

The staff we spoke with told us they had not received an annual appraisal, however we were told letters had

recently been sent out, informing staff when these were to be held and anything they needed to do in advance.

Due to sufficient progress not having been made since our last inspection there continued to be a breach of Regulation 18(2) (a) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

The Mental Capacity Act 2005 (MCA) provides a legal framework for making particular decisions on behalf of people who may lack the mental capacity to do so for themselves. The Act requires that, as far as possible, people make their own decisions and are helped to do so when needed. When they lack mental capacity to take particular decisions, any made on their behalf must be in their best interests and as least restrictive as possible. People can only be deprived of their liberty so that they can receive care and treatment when this is in their best interests and legally authorised under the MCA. The authorisation procedures for this in care homes and hospitals are called the Deprivation of Liberty Safeguards (DoLS).

We checked whether the service was working within the principles of the MCA. We saw people that required a DoLS had them in place, although several applications were also awaiting assessment with the local authority. The registered manager showed us an email to confirm these applications were being monitored and followed up appropriately. We found mental capacity assessments had been completed appropriately prior to the standard authorisation request being submitted to the local authority. There were 'My decision making' care plans in place which were reviewed each month to ensure there were no changes. The home also maintained an overall matrix of applications, which identified those that had been authorised and in place and also those awaiting assessment. Two members of staff we spoke with said they were unaware which people living at the home were currently subject to DoLS, however the training matrix indicated they had completed training which was due for renewal in 2018.

We looked at how staff sought consent from people living at the home. We saw there were consent forms in people's care plans, however this only covered providing consent to having photographs taken and not in relation to providing consent to care and treatment. We observed staff seeking consent from people during the inspection. For example, we saw staff asking people if it was okay for them to be taken down to the dining room at meal times and for them to have an apron placed over their head at meal times. Staff also had an understanding of how to seek consent from people when delivering care. One member of staff said; "I always ask people first to check if they want help doing something, or if they want to do it on their own."

We looked at how people were supported to maintain good nutrition and hydration. People living at the home had eating and drinking care plans in place which detailed people's dietary needs. There were also malnourishment/dehydration risk assessments in place and these took into account if people were at risk of weight loss or were prone to any infections such as UTI's (Urinary Tract Infection). Choking risk assessments were also completed for each person and this clearly described the level of risk presented to people and if they required a referral making to either the GP or SALT (Speech and Language Therapy). These were reviewed each month or as people's needs changed. This meant staff had information about people that was up to date.

We found staff were proactive and responded well if people had lost weight. For example the MUST (Malnutrition Universal Screening Tool) score of one person had increased to two which meant a referral to the dietician service was required. The referral was made four days later and the dietician team responded with certain tasks staff at the home needed to complete. This included fortifying foods, maintaining a food chart and carrying out regular body weight checks. When reviewing records, we found these tasks were being done by staff. We also spoke with the chef and confirmed they were aware of this information and had records pertaining to other dietary requirements. For example; 'fork mash' or pureed diet. During the

inspection we saw staff collecting these meals from the kitchen and supporting people as required.

We observed the lunchtime meal. The dining room was tidy; there were tablecloths on each table and flowers to make the room attractive. The meal choice was quiche with chips and rice pudding or beef stew with creamed potatoes and fruit cocktails. We noted condiments were on the table to enable people to add salt and pepper to their own food independently. We saw staff assisting people to eat as required and taking meals to people in their bedrooms. Staff wore PPE (Personal Protective Equipment) when handling food. We observed one person asking for sandwiches; however staff were aware they required a soft diet and found the person another option from the menu which they accepted.

We saw people had access to health professionals as necessary. There were professional involvement records in people's care files detailing any appointments they had attended, if they had been referred for further advice, or if they had been visited at the home. Some of the professionals involved with people's care included; GP's district nurses, dieticians, podiatrists, SALT and the diabetic team. This demonstrated the home were seeking advice about people's care from other agencies where required.

## Is the service caring?

### Our findings

Without exception, people and their visitor's spoke positively of the staff. Comments from people included; "All the staff are very kind, they take me out for rides sometimes". "Oh yes they will do anything for you. When I ask them they are very patient with me. "They're really kind. I'm leaving today and they have given me a card and flowers to say goodbye. "They can't do enough for me. They are very caring. They take me out for walks sometimes." "They are lovely and they are patient with me." "They are all very kind. They have a good chat with me. They talk about my grandchildren and they never rush me."

Visitor's said; "They are really good with [person], very polite and kind." "Everyone is happy and smiley with the residents." "The staff appear to be very kind and caring. They have acknowledged what I have asked them to do and done it fairly quickly." "The staff are lovely. They aren't the problem but you need more of them to enable them to do the job properly."

We found there were shortfalls in the home, which meant people's immediate and ongoing needs were not consistently met. Whilst we found staff had good intentions and wanted the best for people, staff were task led and not responsive to people's needs. A visitor told us; "[Person] won't complain because they like the staff and say it's not the staff's fault but [person] is left for long periods needing to go to the toilet. The other day, staff came to the person and turned the buzzer off when [person] said they needed to go to the toilet. The staff told [person] they'd be back but they didn't return to help them for two hours." We raised this with the local authority as a tier two safeguarding alert.

We asked staff why people were left waiting for assistance. Staff told us they worked in two's on a corridor supporting people to get up and dressed. We asked staff what happened when a call bell went off on another corridor and the person required assistance. Staff indicated if they were able to assist the person that they would, but staff confirmed there had been occasions when there had been no staff to work the corridor. Staff told us on these occasions they finished supporting everybody on their own corridor and then worked their way along the next corridor supporting people to get up. Staff explained that a high number of people required two to one and as they were working with another carer supporting people there was no staff to assist them to provide the support at the time people had asked. A person also told us, they preferred female staff to support them with intimate care tasks but at night they explained that on occasions a male staff member had answered their call bell and assisted them to the toilet which they felt uncomfortable with.

This was a breach of regulation 10 (1) because people's preferences were not respected regarding who delivered their care and treatment. Prolonged delays in providing support could expose people to undignified situations.

During the inspection we did see staff treating people with dignity and respect and that staff were discreet when supporting people with personal care. We observed staff knocking on bedroom doors before entry and closing the door behind them if they were providing care. People told us; "When I have a bath they always have a towel to put around me." "Yes they respect my privacy." "They respect my dignity." "They

respect my privacy when I am in my room and I want some quiet time."

Staff told us; "I would never assist a person with personal care in communal areas and I would ensure people were never lever waiting for the toilet out of respect". Another member of staff said; "I think asking people what they would prefer shows respect, rather than just presuming and doing things for them. If a person had been incontinent, I would be discreet and not draw attention to it."

We looked to see how staff promoted people's independence and observed examples of this throughout the inspection. At one point we observed a member of staff asking a person if they would like to walk with their zimmer frame rather than being taken to the dining room in a wheelchair. Staff told us; "There are quite a lot of people who stay in bed here, but they can also do bits for themselves so that is something we very much encourage. If someone can do something then let them." Another member of staff said; "If I am assisting with a shower or bath I will ask the person if they want to see to their own person care rather than me just doing it for them."

We observed staff interaction with people was variable. We heard a person thanking a member of staff for assisting them to get dressed. They told the staff member that they had made them feel nice as they'd supported the person to wear some of their favourite clothing items. We also observed staff using appropriate physical contact, reassuring people when they had become upset and sitting with people comforting them. We saw a visitor arrive and a staff member clarified that they had eaten and were looking after themselves. The staff member offered the visitor a drink and a sandwich and voiced that they also needed to look after themselves. This demonstrated that staff was not only considering the needs of people living at the home but also their loved ones and relatives. However, we also noted missed opportunities for staff to engage with people and offer stimulation and conversation. We noted some members of staff spent long periods standing in the doorways of lounges or sat with each other talking and monitoring people rather than interacting with them.

We asked people if they felt involved in their care. People confirmed being offered daily choices. For example, what they wore and had to eat.

We saw people had end of life plans in their care files. Information contained within the care plan included people's preferred place for end of life care. For example whether the person wanted to stay at the home or go to hospital.

We found confidential information such as care plans and staff personnel records were stored securely and were not left unattended at any point during the inspection. This meant people's personal details were not exposed.

## Is the service responsive?

### Our findings

We saw initial assessments were in care plans. This considered areas such as; eating and drinking, mobility, skin, communication and personal care. The management told us they recognised that there were a disproportionate number of high dependency residents which was being taken in to consideration when undertaking initial assessments at the current time. The nurse we spoke with confirmed more responsibility had been given to the nursing staff when undertaking initial assessments to consider the current resident needs and whether the home was equipped to meet the new referrals needs. This meant the management were ensuring the home was equipped to meet the person's needs before offering placement at the home.

People and their relatives confirmed being involved in initial assessments. Comments included; 'I was involved in [my relative's] initial assessment and they keep me informed. I have been asked to attend reviews quite regularly.' 'I wasn't involved in the initial assessment as I just heard [my relative] had been sent here from hospital. I was given paperwork to fill in- family details and relative's belongings.'

The risk assessments and care plans were comprehensive and contained detailed information about people. We saw people's likes and dislikes were captured, a lifestyle profile was developed containing information regarding people's routines and 'my map of life' contained information regarding people's childhood, milestones, marital status, school, hobbies, employment and achievements. Care plans contained good detail about people's care along with care interventions and actions staff needed to follow. People consistently told us they didn't know what their care plans were and it was difficult to establish from the care records that people had been involved in reviews of their care. Comments included; 'I don't know what a care plan is.' 'I have no idea what a care plan is, I have never been asked about my care.' 'I think I read something when I came in, but they have met my needs as they gave me bacon sandwiches when I lost my appetite and that sorted things out.' 'I'm not involved in my care plan and I'm not bothered about it.' 'I've not seen a care plan but I don't know if [my relative] has seen it.' 'I haven't been offered the care plan to read.'

This was a breach of regulation 9 as the provider was unable to demonstrate that care was devised and reviewed in conjunction with people using the service.

We saw staff kept daily logs but these were a global entry and did not detail the care interventions and treatment that had been provided. People told us dates and times when they had been left waiting for their care needs to be met. They told us they had raised this with the care staff at the time that had apologised but when we cross referenced this to the daily logs there had been no entry made. When we asked staff for records of food/fluid intake and re-positioning/turning charts, these had been put into large piles in a folder and were not in chronological order, making certain records difficult to locate. Governance arrangements regarding the filing of records needed strengthening as there were gaps in the records we requested which meant we were unable to track the care and treatment provided over a specific period. This meant we were unable to establish that care and treatment had been provided in line with the person's needs.

This was a breach of regulation 17 (c) as the provider was unable to demonstrate they were maintaining an

accurate, complete and contemporaneous record in respect of each person.

As part of the inspection we looked at the activity programme provided by the home and we asked people for their views on what was available. People's comments included; "I like to read and I go to bingo." "I have been to Morris dancing and Bingo, but I can only go to Bingo when family can accompany me as there is no one else to help me." "I like to be in my room, but the carers bring me a quiz to do, which I do with family." "I go to bingo and the quiz. I also like going outside in the garden when I have someone to accompany me." "I don't go to the activities as I like to watch TV and listen to my music. I like to go in the garden by myself in the morning."

There was a large activities room available and a list of daily activities displayed on noticeboards around the home. We saw games, jigsaws and magazines were available in the lounge. There was also an old suitcase in the large lounge of past memorabilia that people could access. A person told us that a local choir had visited and that the music was lovely. The home had singers coming in frequently and there had been an open day in June 2017, where stalls had been managed by Barnardo's, Stroke society and Alzheimer's society. Balloons had been released in memory of the victims of Manchester and London and people's families and members of the public had been invited to attend.

There were displays on the window ledge about Wigan dialect and famous people from Wigan and poems written by local school children displayed on the wall in the dining room which demonstrated links had been made with the local school.

There was a wide range of activities available throughout the day which included; one to one pamper time and getting to know you sessions, quizzes, game shows, exercises, nail and hand care, skittles, colouring and board games. People told us their wishes as to whether they participated or not were respected.

There were no trips out but we were told the activities co-ordinator frequently took people out for a walk or accompanied people to the shops. The management told us they were looking at utilising a mini bus from another home to start supporting people on trips and that people were being signed up to ring and ride so that they could access their communities more frequently. A poster in the entrance area invited relatives/friends to celebrate a loved one's special occasion with a buffet or afternoon tea. This meant people were supported to engage in activities of their choosing and maintain important relationships.

We looked to see if the service was responsive to people's needs. We saw; the day and weather conditions were displayed in areas around the home, as well as a list of activities available each day and answers to quiz questions. During the inspection we became aware that there had previously been an issue with getting people up early and that a list was located somewhere for night staff to have a certain number of people up before day staff commenced on duty. We were confident from all the people and staff we spoke with that this was no longer happening.

We looked at how complaints were handled. The home had effective systems in place for people to use if they had a concern or were not happy with the service provided to them. We saw for any complaints received the management maintained a complaint record detailing actions taken to resolve the issue. We saw complaints had been resolved within the specified timeframe and the actions clearly listed.

The staff had received cards complimenting them on their care. Compliments included; "Special thanks to all the staff at Mahogany care home. It was a very difficult time, but we were assured [person] was getting the best of attention from staff." "A thank you to you all for the love and care you showed [person]. You are a credit to your job."

## Is the service well-led?

### Our findings

At the time of the inspection there was a registered manager in post but they had resigned and were working their last day of notice at the time of the inspection. We found there had been a lack of consistent management at all levels in the operational structure which had contributed to the home being rated again as 'requires Improvement' at this inspection.

The expectation would be that following the previous 'requires improvement' rating, the provider would have ensured the quality of care received had improved and attained a rating of either 'Good' or 'Outstanding' at this inspection. This had not been the case as we found the quality of care received had not improved which meant the quality of service provided to people living at the home was not continuously improving over time.

At this inspection, we found the provider was no longer in breach of Regulation 12 of Health and Social Care Act 2008 (Regulated activities) Regulations 2014 with regards to medication management and managing risks. We saw the required action had been taken and the provider was now meeting the legal requirements in regards to this.

We had previously made a recommendation regarding staff deployment but saw this was an ongoing area for concern and impacting upon the quality of care provided. We also found sufficient, timely progress had not been made in regards to training, supervision and appraisal which meant there was a continuing breach of regulation 18 (two parts). We also found a breach of regulation 10 as a consequence of people's needs not being met timely which meant people's dignity had been compromised.

At our last inspection in February 2016, we identified a breach in good governance. This was because the provider's systems were not effective in the monitoring of the quality of service provision. At this inspection we found the provider was no longer in breach of this part of the regulation but there was a continuing breach of regulation 17 because accurate records were not maintained regarding treatment and care provided to illicit a clinical picture. Governance arrangements regarding the filing of records needed strengthening as there were gaps in the records we requested which meant we were unable to track the care and treatment provided over a specific period. This meant we were unable to establish that care and treatment had been provided in line with the person's needs.

The provider had strengthened the quality monitoring process and during the inspection we were shown audits of medication, infection control, care plans, staff files, maintenance records, finances, pressure sores and the kitchen. Provider audits were also undertaken and provided a focus on the environment, care being provided, food and poor practice identified. We saw actions were set when discrepancies or areas for improvement had been identified. Prior to our inspection, the provider had contacted us and shared their recent audit and action plan with us which detailed how they planned to address the shortfalls in a planned and structured way. At the time of our inspection the actions needed to be embedded in to practice and sustained over a period of time to demonstrate sufficient improvement had been made and maintained to change the overall rating for this service.

All the staff spoken with told us morale was low and that there was not a positive culture at the home. There was anxiety amongst staff that they were unable to provide the care that people required because of the staffing arrangements at the home. Staff told us they feared coming in to work because there was insufficient staff and they felt they were letting people down. Comments included; "I'll be honest, things are not good here at the minute. We keep getting told things will improve but they never do. Things aren't great for staff at the minute." "It's terrible and it's all because of staffing levels. Lots of staff are leaving at the minute as a result." "I feel sick at coming in. I can't do a proper job with the staffing numbers we've been working on. You come in and we've got agency. These are the numbers we need. We've been working with three some days." "I really like the people here and the job but there are not enough of us to provide the care people deserve."

We asked staff for their opinions of management and leadership at the home. There was ambiguity in the staff team regarding the current management arrangements and staff comments included; "What management. It's really unclear who is actually in charge at the minute and we don't really get told what is going on." "It's non-existent really. If I had a problem, I wouldn't know who to speak with management wise." "It's a nightmare at the minute, some of them are more approachable than others but they don't stay so it's just more changes." "I haven't a clue about management arrangements at the minute."

At the time of the inspection, the head of quality assurance, regional support manager and interim manager were facilitating our visit. We found the management to be open, honest and transparent regarding the home's current position and they had a clear identified plan to address the shortfalls in a structured and timely way. A manager had been appointed whom we were told would commence in August 2017 and the interim manager would be providing oversight prior to them starting. There was also the regional support manager, regional manager and head of quality assurance that were frequent visitors to the home. We were also told the operations director had been spending a couple of days each week visiting the home to provide additional oversight and to facilitate the improvements required. The deputy manager post had been advertised and there was recruitment underway to ensure all nursing and care staff posts were filled. This meant there was a clear management structure identified proceeding forward and the staffing shortfalls were being addressed.

We saw staff handover taking place between the night and day staff and used the information to identify the people we may want to speak with or care records we may need to look at. Staff confirmed handovers were consistent and conducted at the start and end of shift, so they were aware of any issues during the previous shift. The handover documentation was comprehensive, detailing whether the person had any appointments and social outings, health care visits, or had been involved in an accident or incident. This meant staff had up to date information about people's care needs.

People were given opportunity to provide feedback on their experience of the service. There was a comments box in the entrance for suggestions from both residents and visitors. We also saw that questionnaires had been sent out to people living at the home, their relatives and staff. We saw that the majority of feedback from people living at the home was positive. Where people had raised concerns or made suggestions of where improvements could be made this had been incorporated in to the management action plan and was being addressed. This meant that the provider was responding to people's experiences and implementing changes to improve services to meet people's needs.

We looked at minutes from recent team meetings which had taken place between day staff, night staff and kitchen staff. Staff meetings provided the opportunity for staff to raise any concerns and discuss how things were progressing at the home. During the inspection we were shown samples of a night staff meeting in May 2017, a kitchen staff meeting in April 2016 and three whole staff meetings from March, April and May 2017.

Staff told us team meetings did take place, but that the frequency was not always consistent. One member of staff said; "They definitely do take place, but not frequently. I would say the last one was about two months ago." Another member of staff said; "We do have team meetings, but we don't always feel listened to. For example with staffing levels. We have also been asking for new uniforms since January and are still waiting."

As of April 2015, it is now a legal requirement to display performance ratings from the last CQC inspection. This should be both on any website operated by the provider in relation to the home and one sign should be displayed conspicuously in a place which is accessible to people who live at the home. We found the ratings were displayed on the provider website and in the home. This meant people living at the home and visiting families were made aware of the rating and quality of care being provided based on the last inspection.

Providers are required by law to notify CQC of certain events in the service such as serious injuries, deaths and deprivation of liberty safeguard applications. Records we looked at confirmed that CQC had received all the required notifications consistently and in a timely way.

This section is primarily information for the provider

## Action we have told the provider to take

The table below shows where regulations were not being met and we have asked the provider to send us a report that says what action they are going to take. We will check that this action is taken by the provider.

Regulated activity	Regulation
Accommodation for persons who require nursing or personal care	Regulation 9 HSCA RA Regulations 2014 Person-centred care
Treatment of disease, disorder or injury	The provider was unable to demonstrate that people were involved in their planning and reviewing of their care to consent to the care and treatment provided.

Regulated activity	Regulation
Accommodation for persons who require nursing or personal care	Regulation 10 HSCA RA Regulations 2014 Dignity and respect
Treatment of disease, disorder or injury	The provider did not have systems in place conducive to service users receiving care that maintained their dignity and showed respect.

Regulated activity	Regulation
Accommodation for persons who require nursing or personal care	Regulation 17 HSCA RA Regulations 2014 Good governance
Treatment of disease, disorder or injury	The provider did not have systems in place to demonstrate that an accurate, complete and contemporaneous record in respect of each service user was maintained.

Regulated activity	Regulation
Accommodation for persons who require nursing or personal care	Regulation 18 HSCA RA Regulations 2014 Staffing
Treatment of disease, disorder or injury	The provider had insufficient numbers of staff deployed and staff had not received appropriate support to undertake the role.

