

Diamond Healthcare Ltd

Primrose Villa Care Home

Inspection report

258-260 Preston Road
Standish
Wigan
Greater Manchester
WN6 0NY

Tel: 01257421737

Website: www.primrosevilla.co.uk

Date of inspection visit:

23 November 2016

24 November 2016

Date of publication:

23 January 2017

Ratings

Overall rating for this service

Requires Improvement 

Is the service safe?

Requires Improvement 

Is the service effective?

Requires Improvement 

Is the service caring?

Good 

Is the service responsive?

Requires Improvement 

Is the service well-led?

Requires Improvement 

Summary of findings

Overall summary

We carried out an unannounced inspection of Primrose Villa on 23 and 24 November 2016.

Primrose Villa is a 15 bed residential care home situated in the Standish area of Wigan. Accommodation is provided over two floors with wheel chair access to all floors via a fully automatic lift. The home has parking facilities for eight cars and a large garden area to the rear of the property. At the time of our inspection there were 13 people living at the home.

The home was last inspected on 10 and 15 February 2016, when we rated the service as 'inadequate' overall. We also identified six breaches of the regulations of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014. These were in relation to maintaining a safe environment, staff recruitment, management of medicines, records, staffing levels and governance.

At this inspection we found the service had made improvements in regards to the management of medicines, safe recruitment practices and record keeping, however identified four breaches in three of the regulations of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014. These were in relation to staffing levels, person centred care and good governance. You can see what actions we told the provider to take at the back of this report. We also made two recommendations in relation to the recording of fluids and ensuring the environment was dementia friendly.

At the time of the inspection the home had a registered manager. '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.'

We saw that overall the home was clean and had appropriate infection control processes in place. The service employed a housekeeper who was responsible for the cleanliness of both the communal areas and people's rooms. Cleaning equipment was stored safely and securely.

People we spoke with told us they felt safe. The home had appropriate safeguarding policies and procedures in place, with instructions on how to report any safeguarding concerns to the local authority. Staff were all trained in safeguarding vulnerable adults and had a good knowledge of how to identify and report any safeguarding or whistleblowing concerns.

Most of the staff we spoke with told us enough were employed to meet people's needs; however one said an additional carer would be beneficial. People using the service also had mixed views with some believing there to be enough, whilst others commented on long waiting times and the need for an extra staff member. From our observations during inspection and reviewing various records, we noted that people were often left unsupervised in the lounge and dining area, whilst staff attended to people's needs in other parts of the home.

People using the service also provided differing opinions on the activity programme provided by the home. Some stated they were satisfied with what was on offer whilst others did not believe enough activities were planned, and what was scheduled wasn't of interest to them. Two people stated they enjoyed going out of the home, such as for walks to the local shop, however this happened very infrequently as there was not enough staff to facilitate this.

We looked at three care files in detail and each contained detailed information about the people who used the service and how they wished to be cared for. Each file contained comprehensive care plans and risk assessments, which helped ensure people's needs were being met and their safety maintained. People and their relatives had been asked if and how often they wanted to be involved in reviewing their care. We looked at an additional four files to capture people's opinions and saw that the majority only wanted to be informed of any changes; however one person had requested to be involved in regular reviews of their care plan, which had not occurred.

Both the registered manager and staff we spoke to demonstrated a good knowledge and understanding of the Mental Capacity Act 2005 (MCA) and Deprivation of Liberty Safeguards (DoLS), which is used when someone needs to be deprived of their liberty in their best interest. We saw the service was working within the principles of the MCA and had followed the correct procedures when making DoLS applications. At the time of our inspection the 10 applications were still awaiting assessment.

We saw medicines were stored, handled and administered safely and effectively. All necessary documentation was in place and was completed consistently. Staff responsible for administering medicines were trained and had their competency assessed.

Staff spoke positively about the training available and confirmed that statutory sessions were refreshed as per company policy. We saw all staff had completed an induction programme and both new and some existing staff had been enrolled on the care certificate. Requests for additional training in specific areas, such as dementia and managing challenging behaviour had been acknowledged and sessions organised.

Staff told us they completed bi-monthly supervisions, and attended monthly team meetings. However we did not see evidence that team meetings were held as frequently as reported, with only three meetings documented in the staff meeting file, nevertheless staff told us they felt supported in their roles and there was an open door policy should they wish to discuss any concerns.

During meal times people were able to make choices about where they sat and what they ate, with menu options being provided at point of service. People told us they enjoyed the food and received enough to eat and drink. Drinks were available on tables throughout the day and a water cooler had recently been installed for people to use. Food and fluid charts were in place, however our observations showed that not everything consumed was being recorded, as staff did not always observe what people had drank.

Throughout the inspection we observed positive and appropriate interactions between the staff and people who used the service. Staff were seen to be caring and treated people with kindness, dignity and respect. People who used the service were complimentary about the staff and the standard of care received.

We saw that relative and resident meeting minutes were almost 12 months old and there had been no recent attempts to capture the views of people using the service or their relatives, through completion of quality assurance questionnaires. People we spoke to told us nobody ever asked them for their views, though they would be happy to provide them.

The home had a range of systems and procedures in place to monitor the quality and effectiveness of the service. Audits were completed on differing timescales, depending on the area being assessed and covered a wide range of areas including medication, care files, infection control, health and safety and meal time experience. All audits contained sections for action points although we saw these were not carried out consistently. We also noted the audits did not always effectively capture issues they had been designed to detect.

The five questions we ask about services and what we found

We always ask the following five questions of services.

Is the service safe?

Not all aspects of the service were safe.

Staffing levels were not always appropriate to meet people's needs. Records of people's dependency levels differed between the dependency tool used to determine staffing requirements and the person's care file, which meant an accurate assessment of need, could not be made.

People we spoke with told us they felt safe living at Primrose Villa.

Staff were trained in safeguarding procedures and knew how to report concerns. The service had followed the local authorities' procedures for reporting any incidents and concerns.

Medicines were stored, handled and administered safely by trained staff that had their competency assessed on a regular basis.

Requires Improvement ●

Is the service effective?

Not all aspects of the service were effective.

Food and fluid monitoring was in place but not all drinks consumed had been observed and documented by staff. Records indicated that people had not consistently drunk the recommended daily amount, though fluids were readily available.

Whilst some adaptations were in place to ensure the environment met the needs of people living with dementia, many bedroom doors contained only a number plaque, and plans for redecoration had not considered what would be deemed dementia friendly.

All staff spoken to had knowledge of the Mental Capacity Act (MCA 2015) and Deprivation of Liberty Safeguards (DoLS) and the application of these was evidenced in the care plans.

Staff were positive about the training provided and were able to make recommendations about additional training they would

Requires Improvement ●

like to complete.

Is the service caring?

Good ●

The service was caring.

People living at the home were positive about the care and support provided, telling us that staff were kind, respectful and treated them with dignity.

Throughout the inspection we observed positive interactions between staff and people using the service.

Staff had a good understanding of the people they cared for and were actively involved in promoting people's independence.

Is the service responsive?

Requires Improvement ●

Not all aspects of the service were responsive.

Assessments of people's needs were completed and care plans provided staff with the necessary information to help them support people in a person centred way. However people's wishes in relation to reviewing their care had not always been adhered to.

An activity co-ordinator had commenced employment at the service and staff reported activities had since improved. However there was still a limited number of activities being completed, some of which were not inclusive.

People told us they knew how to complain and would feel comfortable doing so, but had never had anything to complain about.

Is the service well-led?

Requires Improvement ●

Not all aspects of the service were well-led.

People using the service and their relatives had not been formally asked for their opinions on the care and treatment provided for 12 months. Meetings with people or their relatives had also not been completed since December 2015.

Audits and monitoring tools were in place and used regularly to assess the quality of the service, however they did not always reliably identify issues and we saw that action points were frequently carried over.

Staff felt that the home was well-led and managed and they felt supported by the registered manager.

Team meetings were held to ensure that all staff had input into the running of the home and made aware of all necessary information.

Primrose Villa 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 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 23 and 24 November 2016 and was unannounced.

The inspection team consisted of one adult social care inspector from the Care Quality Commission (CQC).

Before commencing the inspection we looked at any information we held about the service. This included any notifications that had been received, any complaints, whistleblowing or safeguarding information sent to CQC and the local authority. We also spoke to the quality assurance team at Wigan Council.

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.

During the course of the inspection we spoke to the registered manager and five staff members, including the activities coordinator. We also spoke to five people who lived at the home.

We looked around the home and viewed a variety of documentation and records. This included five staff files, three care plans, Medication Administration Record (MAR) charts, policies and procedures and audit documentation.

Is the service safe?

Our findings

We asked staff for their views on staffing levels and ability to meet people's needs. One told us, "I feel they are adequate and we can meet people's needs." Another said, "They are okay, we have enough. Only [person's name] needs two staff, two more need encouragement with their mobility, the rest can mobilise on their own, although [person's name] does need a carer to walk with them." However a third told us, "We work hard and well together, some days are easier than others. At times I do think we could do with another carer."

We asked people who used the service for their opinion. One told us, "It's hard to say as I don't need much looking after." Another said, "On occasions you have to wait a while for someone to come." Whilst another stated, "Sometimes but not always. In my opinion we need at least three staff on all the time."

During the last inspection in February 2016, we expressed concerns about the number of staff on duty and how these could safely meet people's needs. At this inspection we asked the registered manager about current staffing levels and found these had not changed. The home ran with two staff during the day and two staff at night. An additional staff member worked 8.00 – 11.00 on weekdays to assist with morning routines. The registered manager stated they would help out on the floor when required and the activity co-ordinator provided additional support as part of their role. We were told that since the last inspection in February, the overall level of dependency had decreased and as result previous staffing levels were deemed sufficient to meet current needs.

During the last inspection in February 2016, we saw there was not a clear approach to determining staffing requirements based on people's needs. People's dependency had been assessed in their care file, but there was no overview of dependency levels to determine staffing levels. During this inspection we saw the home had introduced their own dependency tool to determine the number care hours which needed to be staffed each week. However the dependency tool did not specify the number of staff required to meet people's needs, and we saw people's dependency levels recorded on the tool, differed to what had been documented in their care files. For example, two people were rated as low dependency on the tool, but medium dependency in their care files. During the inspection we were told that one person required two staff members for all transfers, this had also been recorded in their care plan, however the dependency tool indicated this person required only one staff member for all tasks. This meant that the dependency tool did not accurately reflect people's staffing needs.

Whilst reviewing the accident and incident file, we saw that since July eight unobserved accidents had occurred, with five occurring in the lounge. We noted that at the time of the accidents, which had mainly been falls, staff had either been in the office completing handovers or paperwork, elsewhere within the home supporting other people who used the service or carrying out other tasks. We discussed this with the registered manager and highlighted how current staffing levels meant that people had been left unobserved on numerous occasions within communal areas. During the inspection we observed both staff members leave the lounge area on at least three occasions, in order to support people that required two staff in order to safely mobilise. This meant the communal lounge and dining area was left unsupervised.

This was a breach of Regulation 18 (1) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014, as the provider had failed to ensure sufficient numbers of staff were deployed, staff were deployed appropriately and the systematic approach used in determining staffing requirements was inaccurate.

We asked people who used the service if they felt safe living at Primrose Villa. Four people told us they did, with three saying, "Yes, I do", and a fourth telling us, "Very much so".

We looked at the home's safeguarding systems and procedures. The home had a dedicated safeguarding file which contained a copy of the company policy along with a matrix to monitor and log all referrals. This detailed the date of incident/alleged abuse, person/s involved, the tier level (level of severity), date referral had been made and any comments and outcomes received. We saw that all necessary forms had been submitted to the local authority along with statutory notifications to CQC as required.

The staff we spoke to confirmed they had received training in this area and that this was refreshed every year. The staff all demonstrated a good understanding of what to look out for and how to report concerns. One staff member told us, "Yes, I have done training in safeguarding, have to do it every year." Another said, "I would document and then report concerns to my manager. If it was urgent I would ring safeguarding myself."

We looked at five staff files to check if safe recruitment procedures were in place and saw evidence that Disclosure and Barring Service (DBS) check information had been sought for all staff and was logged on each file. Staff also had a completed application form, at least two references as well as a full work or educational history documented. These checks ensured staff were suitable to work with vulnerable people.

As part of the inspection 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, although hand hygiene guidance was only present in one toilet. We were told that these had been present previously and would be replaced. Cleaning products were stored safely and Control of Substances Hazardous to Health (COSHH) forms were in place for all the cleaning products in use.

Overall the home; which had undergone a period of refurbishment, with plans in place detailing what had been completed and what was scheduled, was clean and tidy. Issues with faulty or missing window restrictors noted at the last inspection in February had been addressed and a number of new windows had been fitted, to replace any old or rotten frames. However in three of the five people's bedrooms we looked at, we found areas which had not been cleaned. One person's shelves were thick with dust, whilst another person's windowsill and frame was dirty. A third person's window and light shade were covered in cobwebs. The registered manager was surprised by this and told us the cleaning of people's rooms was the responsibility of the housekeeper and that checklists were in place to ensure each room was cleaned fully. We noted that the home was in the process of replacing old or damaged furniture, however required items were only being ordered in small numbers on a monthly basis, which meant people had damaged or overly worn furniture in their rooms.

We looked at how accidents and incidents were managed at the home. Accidents and incidents were recorded correctly and historical records were stored in a separate section within the safeguarding file. We saw that on one occasion a person using the service had trapped their legs in between the mattress and bed sides. We looked to see what had been done to mitigate the risks of this happening again, but found no evidence of a care plan, risk assessment or action plan. The registered manager told us a bed rail

assessment had been completed, which we were later shown and that staff had monitored the situation. We looked at the home's safety documentation, to ensure the property was appropriately maintained and safe for residents. Gas and electricity safety certificates were in place and up to date. We also saw all hoists, the lift and fire equipment were serviced yearly with records evidencing this. Call points, emergency lighting, fire doors and fire extinguishers were all checked regularly to ensure they were in working order.

We identified a number of issues with medicines management at the last inspection in February, including a lack of guidance for staff around the administration of 'when required' (PRN) medication, a gap in the medication administration record (MAR) chart and people not being administered their night time medication on one occasion. At this inspection we found no issues with medicines management. The home had introduced a monitoring tool which had been completed on a daily basis to ensure, amongst other things, that all medicines had been administered and MAR charts filled out fully and correctly.

The home had when required medicines (PRN) protocols in place. These explained what the medicine was, the required dose and how often this could be administered, time needed between doses, when the medicine was needed, what it was needed for, if the person was able to tell staff they needed it and if not what signs staff needed to look for along with any potential side effects. This ensured 'as required' medicines were being administered safely and appropriately.

We viewed four MAR charts during the inspection and saw that all prescribed medication had been administered and signed off correctly. Any medicines that needed to be taken before food had been clearly detailed and packaged separately. We saw a specimen signature chart was in place and this tallied with the staff signatures on the MAR charts. We completed stock checks of four people's medicines. All medicines checked had the correct amount remaining, indicating that all medicines had been administered correctly.

Medicines that required refrigeration were stored appropriately and the temperature of both the fridge and medication room had been recorded on a daily basis. We saw that creams and lotions contained labels indicating the date of opening and charts were in place to ensure staff knew where to apply any creams or lotions to each person.

Some prescription medicines contain drugs that are controlled under the Misuse of Drugs legislation. These medicines are called controlled drugs (CD). At the time of the inspection, no-one was being prescribed a controlled drug, however the home had a CD cupboard and register in place. We saw that current medicines policies and procedures were in place and all staff authorised to give medicines had completed training in this area and had their competency assessed.

Is the service effective?

Our findings

People living at the home told us they enjoyed the food and got enough to eat and drink. One said, "The food's good. If I ask for anything to eat they will get it for you. I get plenty to drink as well." Another told us, "Food's very good, there's a good choice. I get a drink whenever I want one." A third stated, "I get enough to eat and drink, happy with the food." Whilst a fourth said, "Food's great, the chef is first class."

At the time of the inspection no one living at the home required a special diet or thickened fluids. Kitchen notification sheets were in place and detailed people's preferences for all daily meals including likes, dislikes and any special dietary requirements. We saw that daily food and fluid monitoring was in place for each person and whilst food consumption had been accurately recorded, we noticed that fluids were recorded per cup or glass rather than the actual amount drank in millilitres. The registered manager told us that the cups, glasses or mugs used all held a set amount of fluid, 200ml in a cup and 250ml in a glass or mug, and so the actual volume could be worked out from the number of cups that had been drank.

During the inspection we saw one person sat in the dining area, where jugs of cordial were available throughout the day, as well as a mains powered water cooler. This person consumed three glasses of cordial, none of which had been observed by staff who were all in the lounge or elsewhere in the home, and as a result had not been documented on their fluid chart. We checked the homes fluid charts and saw that on average people had only been recorded as having four to five 'cups' per day, which meant they had not consumed the British Dietetic Associations (BDA) recommended daily amount of 1500ml of fluid. We discussed our observations surrounding the accuracy and validity of the fluid monitoring sheets with the registered manager, who told us that fluids were readily available and no one at the home had been assessed as being at risk of dehydration. This was confirmed within people's care files.

We recommend the service develops a robust system for accurately recording people's fluid intake along with guidance on how much each person should consume per day.

The meal time experience was audited by the registered manager to ensure it was a positive experience for people using the service. People were asked for their opinions of the food and service they received. Prior to each meal, we saw the dining tables had been set properly with each one containing napkins, cutlery, condiments, a fruit bowl and jug of cordial. The menu for the day was clearly displayed, with people able to make choices about what they wanted at point of service, rather than having to do so in advance.

People were asked where they wanted to eat and upon arriving in the dining room, were supported to sit at the table of their choice. We saw that everyone was served in a timely manner and dishes were removed promptly. People arrived for meals at a time of their choosing, for example we observed some people had sat to eat breakfast at 8.00am, whilst others did not arrive until 9.30am.

Our review of people's care records showed the service worked closely with other professionals and agencies to meet people's health needs, these included general practitioners (GP's), speech and language therapists (SALT), district nurses and podiatrists. We saw that body maps had been completed upon

people's admission to the home to identify any wounds or potential pressure areas. One person had recently been admitted with a pressure sore, which had been treated via the district nurse and had now healed. The home had supported this person to mobilise regularly, including the use of two staff to help the person walk around the home, rather than use a wheelchair. The home completed falls risk assessments for all people who used the service and if deemed at risk a falls diary had been put in place to record and track falls.

People we spoke with told us they received help and support to stay well. One told us, "If I'm not well they always get the doctor." Another said, "The GP comes to see me as do other medical people." A third stated, "I just tell the staff if I need to see someone and they make an appointment for me."

We looked at how the home sought consent from people who lived there. People told us staff consistently asked for their permission or followed their wishes in regards to seeking consent. One person told us, "Staff are good with this, we chat together about what they want to do and agree on most things, Whilst another said, "No, they don't, which is my preference. I don't want them asking the same things all the time, I want them to say what they are going to do and get on with it." We asked staff how they gained people's consent. One replied, "Ask them, that's the first thing I do." Another said, "Ask them, give them a choice and see what they want you to do." A third said to us, "If they haven't got capacity then would seek consent from their next of kin, however we speak to everyone as though they do have capacity and always ask before doing anything."

Each care plan contained consent forms, which had been signed by either the person themselves or their representative. These covered a range of areas and decisions including consent to care and treatment, having photograph taken, handling of finances, administration of medication and whether the person or their family wanted to be involved with care planning and reviews and if so, how often. During the inspection we saw staff seeking consent before providing care and support, including knocking on doors and seeking agreement before commencing any manual handling tasks.

We looked at the homes staff training documentation. Staff training was monitored via a matrix with each staff member's record detailing what training sessions had been attended and the date of completion. Any training that had been booked but not yet completed was highlighted in a different colour. Training for all staff was up to date, with the exception of four staff that were scheduled to complete their yearly refresher in safeguarding on the 19 December 2016.

We asked staff for their opinions on the training provided. One told us, "I had an induction when I started, taught me enough to do the job. Training overall is good, there's more than enough provided." Another said, "We tend to do lots of e-learning, which is okay if you're that type of person, but for me more practical, intensive training would be beneficial. There's definitely been a shift towards more training over last few months." A third said, "We have e-learning training, [registered manager] puts on as much as possible, but more practical sessions would be good."

As the home advertised as providing residential and dementia care, we asked staff if they had received training in dementia. One said, "We have had some training, it was paper based, but could do with more." Another said, "Yes I have, though [registered manager] is looking at more in depth training." During the inspection we spoke with a professional from the care home liaison teams memory service. They told us they had identified that staff's knowledge and understanding around dementia was not appropriate to effectively manage people with dementia who displayed challenging behaviours, as a result the home had struggled to manage a previous person who used the service. We saw that the home had enrolled eight staff onto an external training course run by the memory service, entitled 'behaviours that challenge'. This was

scheduled for the 12 and 14 December 2016.

We also saw evidence that the Care Certificate was in place at the home. The Care Certificate was officially launched in March 2015 and employers are expected to implement the Care Certificate for all applicable new starters from April 2015. We noted that the care certificate had been incorporated into the home's training programme with all care staff either having completed or commenced the course.

The Mental Capacity Act 2005 (MCA) sets out what must be done to make sure that the human rights of people who may lack mental capacity to make decisions are protected. This includes decisions about depriving people of their liberty so that they get the care and treatment they need where there is no less restrictive way of providing this. We asked staff about their understanding of the Mental Capacity Act 2005 (MCA) and Deprivation of Liberty Safeguards (DoLS). All staff confirmed they had received training and had an understanding of both. One told us, "It's basically protecting people's rights. The MCA is about assessing if they can decide things for themselves." Another said, "DoLS is deprivation of liberty, protecting that person. We have done training in this and mental capacity."

The home had a tracking document in place to monitor all DoLS referrals. We saw that 10 applications had been made and as assessments had not been completed within the required times frames, the applications had been re-sent. Evidence was in place to demonstrate that action had been taken to pursue the outstanding applications. The service had also submitted a request to the local authority for people to be allocated a named social worker. Within each care file assessments of capacity had been completed. At the time of inspection four people were deemed to lack capacity with another three deemed as having fluctuating capacity. DoLS applications had been submitted for each of these individuals.

The staff we spoke with said they received regular supervision from their line manager. One told us, "We do this every couple of months." Another said, "We have supervision every three months. We get the opportunity to bring things up." A third stated, "We have these every two months and an appraisal every year. You can have your say and have the opportunity to speak to someone else should you have any issues with the person doing the supervision."

We viewed staff supervision and appraisal documentation. The home's supervision policy stated that each staff should have six meetings per year. In each of the staff files we viewed, we saw that staff had already completed six meetings, with further meetings scheduled. A standardised supervision form was used for each person which covered a number of areas including performance, training and personal development needs, along with a section for staff to disclose any police cautions or warnings they had received since the last meeting, in order to update their employment record.

When inspected in February 2016, it was noted that a limited number of adaptations had been made to the environment to make it more dementia friendly, these mainly consisted of pictorial signs on the lounge and bathroom doors. During this inspection we observed little in the way of improvements. Pictorial signage was still in place and all bathrooms and toilets contained contrasting coloured hand rails and toilet seats which made them easier to identify. We saw that other than three bedroom doors upstairs which contained a photograph and the person's name, printed on a piece of A4 paper, most people's bedroom doors only contained a brass number plaque with no personalisation in place, such as a photograph, the person's name, objects or images that meant something to the person to help them identify their room. The home had undergone a period of renovation, with further work being planned. The registered manager discussed some of these plans during the inspection, including colour schemes and decorating ideas for the communal areas. It was apparent that consideration had not been given as to whether the new décor would be dementia friendly.

We recommend the service completes research into personalisation and dementia friendly décor, to ensure the home meets people's needs effectively.

Is the service caring?

Our findings

All the people we spoke with told us they found the staff to be kind and caring. One person said, "Oh yes, they are very kind." Whilst another told us, "Overall they are very kind and caring, there's the odd one whose not as good as the rest, but you get that everywhere." People also told us that they felt listened to by the staff, one said, "I like people to listen and realise that what I say I mean, the staff here do this." Another told us, "Yes, I feel like they listen to me and do what I ask."

We asked people who lived at the home if staff treated them with dignity and respect. All confirmed they did. One person told us, "They certainly do." Another said, "Yes, I do feel respected." We asked staff how they ensured people were treated with dignity and respect, one told us, "Always be aware of how they like to be cared for, give privacy when required and respect each person's feelings." Another said, "Ask them what they would like and how they want it to be done." Whilst a third stated, "I am always mindful of this, I treat everyone how I would like and expect my mum to be treated."

We asked staff how well they knew the people they cared for and how they knew what they wanted. One told us, "I try to find out what each person is like and make sure I treat them as individuals." Another said, "We ask them. The care files explain how to support each person." A third said, "Sit down and speak to them. Ask what they want, like, dislike. Also when you are working with people you pick up information which we use to update the care files."

Over the course of the inspection we spent time observing the care provided in all areas of the home. People looked clean, well-groomed and appropriately dressed. We saw staff interaction with people was warm and friendly, with appropriate physical contact used such as hand holding. Staff were observed asking people for their agreement prior to delivering care, for example one staff member was overheard saying to a person, "[name] the podiatrist is here and would like to see you, is that okay with you?" This person required the use of a hoist to mobilise. Staff informed them what they intended to do prior to using the hoist and continued to provide explanations throughout the process, ensuring the person was happy before proceeding. The staff members also provided re-assurance when the person stated they did not like having to use a hoist, which had a positive effect.

The staff we spoke with displayed an awareness and understanding of how to promote people's independence. One said, "Encourage them to walk around and keep mobile, encourage them to do things for themselves where possible." A second said, "By letting them do things for themselves such as get dressed, go to the toilet, assist with washing. I let them do what they can and only step in when they can't." A third said, "Instead of using a wheelchair encourage them to walk with support. We supported one person to get elasticated waist trousers as couldn't manage zips and buttons, this meant they could continue to dress themselves."

At the time of the inspection nobody using the service was in receipt of end of life care, however the staff members we spoke with told us they had received training in this area. One said, "Yes, we have done training in this. Covers what and how a person would like to die, who they want around them, everything we need to

know." We saw people had end of life sections within their care plans, and whilst not all had been completed, there was evidence that this had been discussed with people and it had been their choice not to do so at this time. For one person this was because they already had a funeral plan in place which stated their wishes. The plan number and details were stored in the care file.

Is the service responsive?

Our findings

We saw that people received care that was personalised and responsive to their individual needs and preferences. Each care file contained 12 sections which covered daily reports, assessments, reviews, support plans and monitoring sheets. Each file also contained a signing sheet for staff to complete in order to confirm they had read and understood the contents of the file, this ensured staff were accountable and that care was being delivered as prescribed.

A pre-admission assessment was present in each care file we viewed. This captured personal information about each person along with their needs and abilities in a number of areas including activities of daily living and medication. This information had been used to formulate each person's care plan.

Each person had both a life story section and 'this is me' document within their care file. These provided staff with information relating to that person's background, life history, current and past interests, along with the person's responses to statements such as 'I would like you to know', 'the following routines are important to me' and 'what makes me feel better if I am anxious or upset is'.

We asked staff how they ensured the care they provided was person centered. One told us, "Talk to the person, respect their feelings, remember everyone is different." Another said, "It's all about that person. You do different things with everybody. The 'this is me' document is useful for this." A third stated, "It goes back to their choice, what they want, how they want to be cared for."

We asked staff how they knew what was important to the people they cared for. One told us, "Get to know them, what they think is important, what they like." Another said, "Those that can tell you, ask them, for others you watch them, get to know them and their ways." We asked people using the service if staff spent time talking to them. One said, "Yes, they do sometimes." Another told us, "Now and again we'll have a chat." Whilst a third stated, "Sometimes, but they've not got much time to do this as always busy."

Personal care charts were in place and had been completed consistently. The charts detailed when people had had a bath or shower and if they had chosen not to, what had been done instead such as a full body wash. The use, type and description of any aids such as glasses and hearing aids had also been captured in the care plan, this helped ensure people were wearing the correct ones and assist in returning them to the right person of misplaced.

We asked people using the service if they had been involved in planning their care. One person told us, "I agreed with everything, but didn't want to discuss it, I am happy just to accept it the way it is. If I have a comment to make about anything, I will make it." Another person said, "No, they never asked me." We saw that this person's care had been discussed and agreed with their relative.

Within each care file we viewed we noted that either the person or a relative had been involved with discussing the initial care plan and signing to confirm their agreement for this to be implemented. People and relatives had also been asked to confirm how much involvement they had wanted in reviewing the care

plan moving forwards. In two of the three care files we viewed, relatives had requested to be updated on any changes, rather than be involved in monthly reviews; however the third care file had been signed by the person using the service. They had requested to be involved with any reviews of their care; however these had been completed by a staff member with no evidence of the person's involvement. The registered manager told us that staff did speak to this person about their care, which the person confirmed, but this was not done formally each month.

During the previous inspection in February we identified issues with the availability and completion of activities. Staff told us more activities were needed, especially for people with dementia and records indicated activities had only been carried out on an inconsistent basis, with some people's files having none detailed for over 12 months. At this inspection we again asked staff for their views on activities and if people had enough to do. One person told us, "They do now, as activities have increased since we got a coordinator. Some day's they love what's on offer, other days they are not as keen, but plenty going on." Another said, "Yes they do. If not asleep they will do activities, coming up to Christmas there is a lot going on. Some prefer to sit and watch, rather than join in but we ask everyone."

We asked people living at the home for their views. One person told us, "I'd say there is enough going on." Another said, "I'm not sure. They are okay I suppose." However a third told us, "There's not much going on. I like the theatre, play's, going shopping, and not what's on offer here, which isn't much." A fourth stated, "Not got any. Not much goes on during the day, I find it quite boring." Two people also told us they would like to go out of the home more often, one said, "I have been for a walk to the shop but not often. I would like to do this more often but can only go if staff are available and they never really are."

The home had recently recruited an activities coordinator. The registered manager told us they had experienced some difficulties in this area, with a previous successful applicant failing to turn up on their first day of shift, which meant they had needed to start the process again. The home had an activities notice board in place which contained a four weekly schedule, which informed people about what was planned for each day. The coordinator had also produced an activities newsletter, which provide information about upcoming events as well as pictures of people engaging in previously completed activities.

We saw that the activity schedule was up to date, however only contained one activity per day and some of the activities were not inclusive or where subject to change, for example on some days the only activity listed was 'communion', or 'an outing to the shops (weather permitting)', with no alternative listed if the weather was bad or what other people not going to the shops would be doing. When speaking with the activity coordinator we were told that for risk management purposes, they could only take one person at a time to the shop. This meant that during this activity, 12 people would have nothing scheduled at that time.

During the course of the inspection we observed a sensorial session taking place in the lounge which lasted for 35 minutes. Staff and the coordinator actively encouraged people to participate, sitting with each person to explore and handle the various objects being passed around as part of the activity. Everyone who took part was engaged in the session with many smiling and laughing along with the staff. However, aside from some individual pamper sessions, such as nail care, we saw no other activities being completed over the two days we were present, with people in the lounge tending to just watch television. We saw that the coordinator kept a file of all activities people had been engaged in. We looked at three people's records and saw that completion fluctuated from person to person. One person had engaged in three group and four one to one sessions over the last month, whilst another had engaged in nine activities over the month, including board games and dominoes.

This is a breach of Regulation 9 (3)(b)(f) of the Health and Social Care Act 2008 (Regulated Activities)

Regulations 2014, as the provider did not involve persons in reviewing their care as requested and failed to provide activities which met people's social needs.

We looked at how complaints were handled. The complaints procedure was clearly displayed on the notice board and the home had a complaints file in place; however no formal complaints had been received since the last inspection. We asked people using the service if they knew what to do, should they have a complaint. All stated that they would speak to a staff member or the manager, but stated they had nothing to complain about. One told us, "Yes, more or less. I would just speak to a member of staff." Another said, "I would tell any of them if I had a complaint, as I get on very well with all the staff."

Is the service well-led?

Our findings

At the time of our inspection there was a registered manager in post. A registered manager is a person who has registered with the Care Quality Commission to manage the service. Like the registered provider, 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.

The staff we spoke with told us they enjoyed working at the home and felt supported by the manager. One said, "I love working here and feel supported." Another said, "Yes, I enjoy my job, and definitely feel supported." Some staff also told us that the manager was a visible presence throughout the home. One stated, "They are happy to help out when needed." Another said, "They help out sometimes, they have done some night shifts in the past to help out."

We asked the staff whether team meetings were held. All confirmed they were, however there was some discrepancy regarding the frequency, with one telling us, "Yes, we have these every two to three months," whilst another said, "Yes, we have these monthly, although you don't have to wait for them to bring things up, as there's an open door policy." The home had a team meeting minutes file. Only three meetings had been documented, the two most recent being the 31 August and the 26 October 2016. We saw that the agenda for both these meetings had covered operational matters, updates for staff on developments within the home, training information and an opportunity for staff to raise any points.

From speaking to the registered manager and looking at the home's meetings files, it was apparent that regular meetings with both people who used the service and their relatives had not occurred. We were told these meetings were held on a bi-annual basis; however nobody had turned up for the last planned meeting in June 2016. This meeting had not been rescheduled, resulting in no meetings being held since December 2015. We looked at whether people and their relatives had been asked to provide feedback on the service, through completion of quality assurance questionnaires. We found no recent evidence of these. The registered manager told us that none of the last questionnaires sent out to relatives had been returned and that people using the service provided ongoing feedback during conversations with staff and the management.

We asked people who used the service if they had been asked for their views on the care being provided and the home in general. All stated they had not, one person told us, "No, they have never asked me." Another said, "No, I'm happy to share my views, but no one has asked for them."

This was a breach of Regulation 17 (1)(2)(a)(e) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014, as the provider had failed to assess, monitor and improve the quality and safety of services provided by not seeking and acting on feedback from person's using the service or their relatives.

The home's policies and procedures were stored on file and included key policies on medicines, safeguarding, MCA, DoLS, moving and handling and dementia care. Policies were updated at provider level and had last been updated in 2014, although we saw that the area manager was currently in the process of

re-completing this task.

We saw there was a range of systems in place to monitor the quality of the service. The home completed a wide range of audits which covered amongst others infection control, housekeeping, medication, health and safety and care files. Frequency of completion varied depending on the audit and the area being looked at. For example infection control audits of the whole environment had been completed on an annual basis, however hand hygiene audits had been done monthly and mattress audits three monthly on a rota basis. All audits included sections for action points and date of completion.

Each month a provider / management meeting was held, this was for all registered managers to meet with the directors of the company and report on their individual homes. A set agenda and list of requirements was in place for the meeting. These included providing feedback on number people using service, their welfare, staff training needs/completion, maintenance and repairs, safeguarding, activity completion and customer satisfaction. Prior to each meeting the registered manager had completed an end of month audit, which covered whether all monthly audits had been completed, how to evidence this and where the information was located, the audit also ensured all required information for the meeting was in place and up to date. We saw that no issues had been identified with either activities or capturing customer satisfaction on any of the feedback provided at these meetings.

We spoke to the registered manager regarding the number of audits in place and whether the amount they had to complete impacted on the validity and reliability. A housekeeping audit had recently been completed, and whilst this had identified some of the issues with cleanliness we found, others had not been picked up. We also saw that action points on a number of audits had been carried over from one month to the next. Following the inspection we spoke with the recently appointed area manager who had also identified issues with the amount and length of audits in place and planned to revamp these.

This was a breach of Regulation 17(2)(a) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014, as the quality of the service had not been monitored effectively.

During the course of the inspection we noted that as well as being responsible for running the home, the registered manager worked on the floor, especially at meal times, acted as an administrator; as the home did not have anyone to run the office, take calls or complete admin work, completed errands such as picking up medicines from the chemist and through conversations found out they also completed maintenance and decorating tasks. We spoke to the registered manager and area manager about the registered manager's role and ensuring this was defined more clearly, to ensure the home was being run effectively and the issues we had identified addressed.

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 The provider did not involve persons in reviewing their care as requested and failed to provide activities which met people's social needs. |
| Accommodation for persons who require nursing or personal care | Regulation 17 HSCA RA Regulations 2014 Good governance The provider failed to assess, monitor and improve the quality and safety of services provided by not seeking and acting on feedback from person's using the service or their relatives. Audits did not consistently identify issues, including some noted at inspection. Action points had been carried over on numerous occasions, which meant identified areas for improvement had not been addressed in a timely manner. |
| Accommodation for persons who require nursing or personal care | Regulation 18 HSCA RA Regulations 2014 Staffing The provider had failed to ensure sufficient numbers of staff were deployed, staff were deployed appropriately and the systematic approach used in determining staffing requirements was inaccurate. |