Amocura Limited

Cornerways Residential Home

Inspection report

15 Leadhall Crescent
Harrogate
North Yorkshire
HG2 9NG
Tel: 01423 871017
Website: www.amocura.co.uk

Date of inspection visit: 8 April 2015
Date of publication: 02/06/2015

Ratings

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

Overall summary

We undertook this unannounced inspection on the 8 April 2015. We last inspected Cornerways on the 26 June 2014. At that inspection we found the home was not meeting the regulations that were assessed and found breaches of Regulation 23 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2010, which relates to supporting workers. We found that this breach had been addressed at this inspection.

Cornerways Residential Home is owned by Amocura Limited and is registered to provide personal care for up to 20 people, some of whom may have dementia. Cornerways does not provide nursing care. The home was previously a private dwelling and retains many of the original features. It is situated in a residential area of Harrogate and has parking for a few cars to the front of the property, otherwise there is on street parking available.

Summary of findings

The home employs a registered manager who had worked at the home for over twelve years. 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.

The service was not safe. Although most of the people we spoke with told us that they felt safe people had concerns about the home not employing sufficient ancillary staff, for example laundry assistants, maintenance workers and kitchen staff. Care staff were therefore undertaking these duties in addition to carrying their caring role. We have asked the provider to review the staffing levels at the home for ancillary staff. This would ensure that the care people received was not compromised.

People who lived at the home and some relatives we spoke with had concerns about the homes environment and described the home as being 'cluttered' and people living there described feeling 'hemmed in' by the amount of bric a brac and other items kept in the communal areas. We found the home was cluttered in the main communal areas with various ornaments. We saw that there was unsuitable furniture in the small lounge, that could not be used by people safely. We saw the wallpaper had faded and the paintwork was damaged in the lounges and corridors giving the home a dated and shabby appearance.

Safety checks were not always carried out within the environment and on equipment to ensure it was fit for purpose. We found that of the three bathrooms in the home, only one was currently in use. Two were unsuitable for people who required assistance with bathing and had not been upgraded with specialist equipment to ensure people were enabled to bathe safely. Only one of these bathrooms had equipment to assist people with bathing. However, staff described this bathroom as being 'difficult' to access with a person using a wheelchair. There were no shower facilities available at the home. This meant that people did not have choices about how they may wish to bathe.

We found the lift had been out of order for several weeks, which isolated people on the first floor. A fire extinguisher had not been replaced as requested by the fire service until following our visit.

This is a breach of Regulation 15 (Premises and Equipment), of The Health and Social Care Act 2008 (Regulated Activities) Regulations 2014. You can see what action we told the provider to take at the end of the full version of the report.

The recruitment processes followed by the home when employing staff were robust, which meant that people were kept safe and that staff were suitable to work with vulnerable people.

Medicines were administered, stored and disposed of safely and people using the service received their medicines as prescribed.

The service was not effective. We found that consent to people's care had not been obtained from them or their relatives or representatives. This is a breach of Regulation 11 (Need for consent), of The Health and Social Care Act 2008 (Regulated Activities) Regulations 2014. You can see what action we told the provider to take at the end of the full version of the report.

Staff followed the principles of the Mental Capacity Act 2005 to ensure that people's rights were protected where they were unable to make decisions for themselves.

People were provided with nutritious food. Assistance and prompting was given by staff where necessary to assist people. Care staff also had the responsibility of the delivery of meals at tea time, in addition to their roles as care assistants as there were no kitchen staff available after 2.00pm. To ensure that the care people receive was not compromised we have asked the provider to review to review the staffing levels at the home for ancillary staff.

Staff were seen to be attentive and kind to people and they respected people's individuality, privacy and dignity.

Care plans were not always person centred and up to date. Risks to people's health and wellbeing had not always been identified. These risks required monitoring and reviewing which helped to protect people's wellbeing.

People had access to suitable and appropriate activities which people told us they enjoyed.

The service was not well led. The registered manager did not have an effective quality assurance system in place which ensured that the home remained a pleasant place for people to live. This is a breach of Regulation 17 (Good

Summary of findings

governance), of The Health and Social Care Act 2008 (Regulated Activities) Regulations 2014. You can see what action we told the provider to take at the end of the full version of the report.

We received information from Healthwatch. They are an independent body who hold key information about the local views and experiences of people receiving care. CQC has a statutory duty to work with Healthwatch to take account of their views and to consider any concerns that may have been raised with them about this service. We also consulted the Local Authority to see if they had any concerns about the service. No concerns were raised by either Healthwatch or the Local Authority.

Summary of findings

The five questions we ask about services and what we found

We always ask the following five questions of services.

Is the service safe?
The service was not safe.

Requires Improvement

The home followed safe recruitment practices to ensure staff working at the service were suitable.

There were sufficient care staff employed by the home. However, there was not sufficient ancillary staff employed at the home to ensure that people's care needs was not compromised.

Staff knew how to recognise and respond to abuse correctly. They had a clear understanding of the procedures in place to safeguard vulnerable people from abuse.

The home's environment required attention to the décor and bathrooms were in need of updating. A fire extinguisher had not been replaced as required. Some furnishings were poorly maintained with some furniture not fit for purpose.

Medicines were managed and stored safely within the home.

Is the service effective?
The service was not effective.

Requires Improvement

We found that care plans and risk assessments required improvement to ensure there was consistency to people's care.

People were not supported to consent to decisions about their care, in line with legislation and guidance.

People who lived at the home and who were unable to make their own decisions were protected by the Mental Capacity Act 2005 and Deprivation of Liberty safeguards. Staff understood how to apply for an authorisation to deprive someone of their liberty.

People living at the home were supported to eat and drink and maintain a well-balanced diet, although care staff were put under additional pressure, due to the suitable numbers of ancillary staff being employed.

Staff received induction, training, supervision and support to help them carry out their roles effectively

Is the service caring?
The service was caring.

Good

People told us they were happy with the care and support they received and their needs had been met. It was clear from speaking with staff they had a good understanding of people's care and support needs and knew people well.

Summary of findings

People had good relationships with staff and were treated with kindness and respect.

People were treated as individuals and their privacy and dignity was respected by staff.

Is the service responsive?

Good

The service was responsive.

Staff were knowledgeable about people's changing health care needs. They worked closely with health care professionals to maintain people's wellbeing.

There were good opportunities for people to talk about any concerns or complaints that they had. People told us that they felt listened to and that any issues were acted on.

People were supported to maintain contact with their relatives if they wished and visitors were welcomed into the service to visit people.

Is the service well-led?

Requires Improvement

The service was not well-led.

Effective quality assurance systems to monitor the service were not in place, which ensured that the home remained a safe and pleasant place for people to live.

The management of the service was not always effective. There did not appear to be an open culture for people living at the home, their relatives and staff in contributing their views to the running of the home, which made sure that the service continued to deliver good quality care.

The registered manager did not have a good oversight of the service. Staff told us that the manager was available if needed although they discounted any suggestions to changes they made.

Cornerways Residential 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.

We inspected the home on 8 April 2015. The visit was unannounced. At the time of our inspection there were nineteen people living in the home. We spent some time observing care in the lounge and dining room areas to help us understand the experience of people who used the service. We used the Short Observational Framework for Inspection (SOFI). SOFI is a way of observing care to help us understand the experience of people who could not talk with us.

The inspection team consisted of one inspector, a specialist nursing advisor and an expert by experience whose expertise was in adult health and social care. An expert-by-experience is a person who has personal experience of using or caring for someone who uses this type of care service.

Before the inspection the provider is asked to complete a Provider Information Return (PIR). This is a form that asks the provider to give some key information about the service, what the service does well and improvements they plan to make. This document should be returned to the Commission by the provider with information about the performance of the service. We were unable to review the Provider Information Record (PIR) as the Care Quality Commission did not request this prior to the inspection.

During our visit we spoke with the deputy manager and six members of care staff including one member of staff who was from an agency, and the chef. We spoke with seventeen people who used the service. There were no relatives or friends or any health care professionals visiting the home during our inspection. We spoke with four relatives and one health care professional by telephone. The registered manager was on sickness absence and was not available during this inspection. We looked at all areas of the home including people's bedrooms, the kitchen, laundry, bathrooms and communal areas. Owing to people's complex care needs we were not able to ask everyone directly about their care. However we observed the care and support people received in the communal areas of the home, which gave us an insight into their experiences. We reviewed records relating to the management of the home including the statement of purpose, surveys, the complaints procedure, audit files and maintenance checks. We looked at eleven people's care plans and observed how medication was being given to people. We checked the medication administration records (MAR) for six people including a random check of controlled drugs stock against the register for two people and we observed a medicines round during the morning.

We also reviewed the information we held about the service, such as notifications we had received from the registered provider. We planned the inspection using this information.

We contacted Healthwatch and the commissioners from the local authority to ask for their views and to ask if they had any concerns about the home. From the feedback we received no one raised concerns.

Requires Improvement

Is the service safe?

Our findings

This service was not safe. Most people we spoke with told us they felt safe, one person told us, “You are able to sleep well at night knowing that the staff are there to protect you as when I lived alone, I flinched at every sound and spent most of the night awake.” Another person told us, “I like the regular staff, but I'm not sure about some of the agency staff that come in. The regular staff know what they're doing and I feel comfortable and safe with them.” Another person said, “I feel secure and safe here.” However, one person told us about the call bells and their concerns when they had fallen. They said, “There should be more personal alarms. In the last place I had one around my neck (pendant). Here, I can't reach the one in my room. I tend to fall over a lot, and I have fallen on the landing between my room and the bathroom. There’s no alarm cord on the landing. It would be better if we had the round the neck buttons.”

One relative told us that her mother was well cared for and said, “Oh yes she feels safe.” One relative said, “I feel mum is very safe at the home.” Another relative told us that they thought their relative was safe overall, however they felt the home was cluttered. The relative said, “Some areas of the home can be cluttered for example one of the corridors near to the dining room was recently cluttered with old chairs. The small lounge is very cluttered and could be made really nice for people to use, which people don’t use at the moment.” The relative went onto say that they felt that the home had recently improved they told us, “The home has recently started to improve it was quite grim.”

We spoke with a health care professional by telephone who visited the home. They told us “It is not one of the better homes. It is basic as the environment is dated. The home needs more staff and more money spending on the environment. Although we have no concerns about the care.”

When we first arrived at the home we spoke with the deputy manager who informed us that a new kitchen was being installed that day. Arrangements had been made to ensure people received their meals as needed and extra staffing had been provided to ensure there was as little disruption as possible for people living at the home.

We saw that there were sufficient care staff on duty, but not sufficient ancillary staff to make sure the home is run well.

The deputy manager informed us that she was supernumerary that day due to the work being carried out in the kitchen. A senior care assistant with a further two care assistants were on duty each morning and afternoon and an activities organiser who was employed for five afternoons a week Monday to Friday. The ancillary staff consisted of one domestic each day. They worked from 10.00am until 2.00pm and a chef who worked from 8.00am until 2.00pm. There were no other ancillary staff employed by the home. The home did not employ a laundry assistant or a kitchen assistant or any gardening staff. The maintenance position had recently become vacant on the 18 March 2015. We asked the deputy manager who was responsible for the laundry, cleaning and cooking after 2.00pm, when ancillary staff finished their shifts. The deputy manager told us that care staff did all the laundry each day and cleaned wherever this was necessary after 2.00pm. We were told that the chef prepared the tea time meals and left these ready in the kitchen for care staff to heat if required and serve the teatime meal. We were also informed that care staff prepared the supper. We were given copies of rotas for weeks commencing the 6 and 13 April 2015 which confirmed the staffing arrangements. We told the deputy manager that there were not sufficient ancillary staff employed by the home. On the day of our inspection we received a copy of a fax from the registered provider instructing the deputy to place adverts for both domestic and laundry assistants. When we spoke with staff they confirmed that they did the cleaning and laundry tasks. They also did kitchen tasks including loading and unloading of the dish washer as well as fulfilling their caring role. One person living at the home told us, “The care staff here work too hard. They're a great team. They do the caring, the cleaning, and the laundry. You name it they do it.”

We recommend the provider reviews staffing levels specifically ancillary hours at the home to ensure that the care people receive is not compromised.

We toured the premises during this visit and found the home was clean and there were no odours apart from the main staircase, which needed the carpet cleaning. The décor in the main communal areas, apart from the recently decorated dining room, were poor. This was due to the paintwork and wallpaper in all of the communal areas which had become damaged and faded. Some furnishings we saw were not fit for purpose. For example the two sofas in the small lounge although dated were unsuitable for

Is the service safe?

older people to sit on as they were too low and the cushions sank when sat on, making this an uncomfortable experience for people. Both of these sofas were stained. We found both lounges to be cluttered with furniture items, bric-a-brac and an extremely large collection of ornaments. We were informed on the day of the visit that the home had recently been 'bottomed' by cleaning staff as they had doubled up for a while to get these tasks completed. Both lounges we saw were clean and had no odours. We saw that cleaning schedules were in place for staff to follow and when certain tasks had been completed these were signed and dated by the staff who had carried out these tasks.

Other areas were poorly maintained and were in need of a refurbishment. For example paintwork in all of the communal areas needed attention as the paintwork was either damaged or had discoloured. The wallpaper had faded and curtains in the main lounge had curtain hooks missing and were not hung properly. We were informed that new curtains had been ordered. There was a lot of old furniture which was cluttering all of the communal areas. For example we saw in the small lounge an old sewing machine hidden by a very large 'Connect 4' game. When we asked about this the deputy manager told us that no-one at the home used this game as people were not interested in it. There were also bin liners full of clean clothes, a standard hair drier was stored in this room as well as a bed base (which had just been delivered). This made the lounge floor space even smaller and difficult for people to use and had the potential to put people at risk from falling. One person living at the home told us they preferred to sit in the hall as they felt 'hemmed in' when sitting in the lounge. Several people living at the home told us that they liked their rooms.

We saw that there were three bathrooms, two did not have a hoist or any equipment in them to assist people to get into and out of a bath. The only bathroom that had a hoist over the bath was difficult to get a wheelchair into. The bath was under the eaves of the building and a large beam was at head height over the bath. A makeshift pad has been nailed to the beam to protect people from banging their head. When we spoke to staff about how they were able to get people in wheelchairs in and out of this bathroom they replied, 'with some difficulty.' There were no showers available at the home. One person told us that they did not have a bath due to them not being able to get into a bath. They informed us that they would have loved to have a shower if there had been one at the home. They said, "I wish there was a shower. I'd really like a shower. I have a strip wash every night. I can do that myself. But I can't get my legs into the bath so that's no good. I used to have a shower all the time, it's nicer. But there's no room for a shower." This meant that people did not have a choice as to how they may wish to bathe. We saw there was a large mirror hung from a cup hook on the wall outside one bathroom. This mirror was virtually impossible to use as the reflection was very faded and it dangled away from the wall, due to the way in which it was hung.

We found that alarm call bells in some people's rooms were not easily reachable. This meant that people could be put at risk.

We found that the lift had been out of order since 10 March 2015.This meant that several people' who lived upstairs, were unable to get down for activities, socialising or their meals. One person told us that they suffered with depression and that being isolated on the first floor had contributed to their condition. They told us, "I sit on this landing and wait for people to pass. Most staff and people will chat with me. But I can't go downstairs because the lift doesn't work. When the lift works I go downstairs." A repair company was scheduled to visit the day of the inspection, but did not arrive during the time we were there. Following our inspection we were informed on the 14 April 2015 that the repairs to the lift had been completed and the lift was in working order. The Care Quality Commission first became aware that the lift was not working in November 2014 and were notified once the lift had become functional. The CQC were unaware that the lift had become un-operational again in March 2015.

Records showed that the registered manager had completed some safety related checks such as food hygiene, infection control and medication and these were audited. We looked at a range of maintenance certificates relating to the safety of the home including, fire alarm system checks and found records were all up to date. However, a member of staff had seen a fire extinguisher being inadvertently activated and had requested this to be replaced. This had not been actioned when we visited. Since the inspection the deputy manager had informed us that this extinguisher has now been replaced with a new one.

Requires Improvement

Is the service safe?

The provider had failed to protect people against risks associated with the adequate maintenance of the environment. This is a breach of Regulation 15 (Premises and Equipment), of The Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

Although care staff were kept busy the atmosphere throughout the home was welcoming and people who lived at Cornerways appeared relaxed and very much 'at home.'

We spoke with members of care staff about their understanding of protecting vulnerable adults. They had a good understanding of safeguarding adults, they could identify types of abuse and knew what to do if they witnessed any incidents. All the staff we spoke with confirmed that they had received safeguarding training. Staff said the training had provided them with enough information to understand the safeguarding procedures and they knew what to expect if they reported an incident. The staff also demonstrated a wider knowledge of the escalation process both in-house and with external agencies should they ever witness any actual or potential abuse to a person who used the service. The staff training records we saw confirmed staff had received safeguarding training in 2014. We saw that the staff notice board showed that further safeguarding training had been arranged for staff to attend on the 17 April 2015.

Records showed that staff recorded all accidents and incidents that happened at the home. The deputy manager told us that accidents and incidents were all investigated and reported upon. A risk assessment was devised where necessary and used to reduce the risk of a reoccurrence. We observed throughout our visit that call bells were being answered and responded to in good time by the care staff. We saw that there was a personal emergency evacuation plan (PEEP) in each person's care plan we looked at.

Safe recruitment practices were followed. We examined three staff recruitment files and saw that appropriate checks had been made to determine whether or not people were suitable to work at this service. People had been checked through the Disclosure and Barring service to check if they had a criminal record and had two references to check their suitability to work in a care setting and with vulnerable people.

We looked at the arrangements in place for the administration, storage, ordering and disposal of medicines and found these to be safe. Medicines were stored securely in a locked cabinet, which were kept in locked medication room. We observed a medication round. We saw that people had a photograph attached to their medicine record. We looked at the medicines for four people, including two people who were receiving a controlled drug. We also completed a random check of controlled drugs stock against the register for two people and found the record to be accurate. A register was kept, as required, and this was signed and checked by two members of staff at the time controlled drugs were given. We also randomly checked four people's medicines from the monitored dosage system (MDS). These were found to be accurately maintained and given as prescribed by the person's doctor. The medicines needing to be kept in a refrigerator were being stored in a designated fridge and staff were recording the temperature of this daily. We saw, from the training records, all staff had received medicines training in 2012 and 2013. We saw that the staff notice board showed that further medication training had been arranged for 29 April 2015.This meant that people could be confident that medicines were administered by staff who were properly trained. Records we looked at showed that a medication audit had last taken place in March 2015 with no errors being found.

Requires Improvement

Is the service effective?

Our findings

This service was not effective. People told us that they felt well supported with their care. One person said, "It is extremely good living here we all have a little bit of humour with the staff." Another person said, "They(staff) are all helpful all you need to do is ask and they help you." We observed call bells being answered quickly during our visit.

We found that people were supported by staff who were trained to deliver care safely and to an appropriate standard. Staff had a programme of training, supervision and appraisal. The deputy manager told us a programme of training was in place for all staff. We saw that staff had received training in mandatory areas such as health and safety, medication, fire safety, first aid, food safety and safeguarding adults. We saw that staff had attended other training such as equality and diversity and the Mental Capacity Act and Deprivation of Liberty Safeguards (DoLS).We were provided with the overall training record for all care staff, which showed they had completed a range of training sessions. This included safe handling of medicines, safeguarding, Mental Capacity Act 2005 and Deprivation of Liberty Safeguards (DoLS). There was evidence from the records of on going training and they showed which staff had attended training recently or had refresher training. This meant that the registered manager could be sure staff were fully trained to appropriately support people living in the home. We also saw in the three staff files we looked at that staff had received regular supervision. We were informed by the deputy manager that nine of the thirteen staff had, had supervision. All of the staff we spoke with told us they had received supervision with their line manager.

The service had policies and procedures in place in relation to the Mental Capacity Act and Deprivation of Liberty Safeguards (DoLS). We spoke with the deputy manager about how consent was obtained from people, especially those who were unable to give their consent to care and where they maybe at potential risk. The deputy manager explained that in those instances where people were unable to give consent to their care, a mental capacity assessment was undertaken. Where appropriate a Deprivation of Liberty Safeguards (DoLS) authorisation was applied for or a best interest decision was made. Best interest decisions are a collective decision about a specific aspect of a person's care and support made on behalf of the person who did not have capacity following consultation with professionals, relatives and if appropriate independent advocates. The deputy manager informed us that two people who lived at the home were currently supported by DoLs and they were waiting decisions on eight further formal DoLs applications.

Staff we spoke with about consent and a Mental Capacity Assessment (MCA) and Deprivation of Liberties Safeguard (DoLs) were all able to confidently explain the purpose of MCA and DoLs.

We looked at eleven care plans, all of which had consent forms. Consent forms covered areas such as care, environment and the use of bed rails. However we did not find any evidence that these had been discussed with the person living at the home or their relatives or representatives. All consent forms we saw had only been signed by the homes registered manager. This meant that there was no evidence that people's consent had been sought.

The provider had failed to obtain consent to care from people living at the home. This is a breach of Regulation 11 (Need for consent), of The Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

The visit coincided with the day that a new kitchen was being fitted including a new extractor fan that had been out of order since February 2014 following an annual gas inspection from outside contractors. We observed both breakfast and lunch time meals during our visit. When we spoke with the chef he explained how individual needs were supported. He explained that he preferred to talk with people individually about what they liked and what they wanted. In discussion we saw evidence that he knew each person's preferences and requirements. The chef told us, "I like to tickle their taste buds and try new things. Some people like curries, and I make them for those people sometimes. Others don't, but we've had a German night, an Italian night and even went French once. I know people's little quirks and their likes and dislikes. We can have a good banter." Fish and chips had been ordered from a local fish shop for lunch, plus strawberry gateau for dessert. We observed that staff worked hard to minimise disruption for people living at the home. We observed jugs of juice in rooms and in the lounge area.

Requires Improvement

Is the service effective?

When we spoke with people about the food at the home everyone spoke positively about the food. One person remarked, “It's alright these fish and chips, but I'd rather have (name) cooking. He's spoilt us. His cooking is much better than this.” Another person said, “I have never been so well fed in my life.” Another person said, “The food is very good we have a really good chef here.” One person we spoke with referred to the food as ‘good home cooking’. Overall we did not receive any negative comments regarding the catering arrangements.

People told us that they could have a snack when they wanted. One person said, “There's plenty to eat and drink. The night staff will make me a proper soft supper and even a midnight snack if I'm still up and watching football or something.” Another person said, “I like the food, but not when the agency chef is in. They always do mashed potatoes – no variety. But (name) is good.”

We looked at eleven people’s care plans. People’s care plans contained several sections which covered for example, an initial assessment, life history, and medical history, including body maps, risk of pressure sores, mobility, diet and weight. However we found care plans to be very cumbersome and not sequential in presentation which made it difficult to access information. We found that a number of care plans had incomplete forms and assessments. This meant that some people had not had a full baseline assessment prior to them being admitted into the home and people’s care needs were not recorded. However, due to the poor presentation of care plans on the day, we feel that care may be delivered by the care staff knowing the like/dislikes/preferences of people using the service rather by them following robust, accurate and up to date care plans.

We were informed by the deputy manager that work had commenced in updating some care plans and that they should have reviewed all the care plans by the end of April 2015. We looked at several care plans that had been recently updated and found them to be person centred and were well written and comprehensively detailed. For example one person who used the service was currently receiving care from the district nursing team due to a long term tissue viability issue. We looked at this person’s care plan and found that the dual care model in place between care staff and the district nursing team was well co-ordinated and the person was receiving appropriate care which met their needs. However, we could not locate a review date in some care plans in order to identify if a person’s care had been reassessed and amendments made where needs had changed.

We recommend the provider reviews people’s care plans to ensure that the home is able to meet people’s care needs. Risk assessments and management plans for all risks identified should be recorded in people’s care plans.

We spoke with one of the district nurses who informed us that they did not have any concerns about the care people received at the home. They said,” Staff do everything we ask them to do. They show us where we need to go and help us with people where necessary.”

Good

Is the service caring?

Our findings

The service was caring. People we spoke with told us that all the staff treated them "nicely and that they got good care." Some of the comments we received were, "They(staff) are good fun," "They(staff) are really good, kind and caring." "They(staff) are all helpful all you need to do is ask and they help you." "It is very nice living here."

One relative told us they thought that their mother was, "Exceptionally well cared for by the home." Another relative said, "I love the home it is very homely, the care staff are always very kind and approachable and friendly with visitors to the home." Another relative told us, " The staff are friendly and always welcoming."

We observed a handover between the night staff and day staff who had just come on shift. We saw that staff discussed people's care needs to ensure there was continuity to their care. Staff clearly knew people well and throughout the visit we saw that people living at the home felt comfortable with the staff. One person said, "I get on with all the staff. They're good to me. I'm well treated here." Another person said, "The staff are very good. They're awful good really. This is a good home."

We observed the breakfast and lunchtime meals during our visit. When we arrived breakfast was being served in the main dining room. We sat and observed and saw that there were four people sat having their breakfast. We saw people were being asked by staff what they would like to eat. We saw that people were given plenty of choices of food and drink.

Some people who had complex needs were unable to tell us about their experiences in the home. So we spent time observing the interactions between the staff and the people they cared for. Our use of the Short Observational Framework for Inspections (SOFI) tool found people responded in a positive way to staff in their gestures and facial expressions. We saw staff approached people with respect and support was offered in a sensitive way. We observed that the staff spoke quietly and kindly at all times and knew and understood people well. We saw throughout the day that the staff treated people with respect and dignity. We saw that staff knocked on bedroom doors before going in. We asked staff how people were treated with respect. Staff were able to provide clear examples and spoke with confidence about the different needs of people they cared for. They clearly knew people well and we observed throughout our visit that people responded well to staff.

We saw members of staff supporting people during lunch and found that they created a relaxed atmosphere. We observed staff listening to people living at the home and often anticipating what they needed for example we observed one staff saying at lunchtime, "Would you like me to cut that up to make it easier?" And to a person with little vision, "here's a dessert spoon, I'm going to put it in your right hand, is that the hand you want it in? I'll put your other hand on the bowl so you know where it is." After lunch we observed another member of staff say, "Come on, the darts are about to start, you're good at that..." One person was asking whether there was an election coming up because, "they're all on the telly". Staff confirmed that yes there was and what did they think about that.

We witnessed a very dedicated deputy manager and a very dedicated and hard-working care and ancillary staff. All people who lived in the home wore smart, clean clothes and appeared to be well dressed. People who used the service praised the dedication and commitment of the care staff. One person told us, "I am very lucky to live here." On being asked on this persons view regarding the level of care, they replied "It's like home from home. Nothing is a problem to the staff. The food is spot on."

Some of the staff that we spoke with felt that they delivered a high standard of hands on care. They felt that the care model that was used was by team approach as they believe that they should care for all people whilst on shift rather than an identified group. Staff told us that they felt that everyone living at the home received a consistent approach to their care.

We found that on the day we inspected that a new kitchen was being installed and the lift was out of order. However we found that the staff with leadership from the deputy manager had worked hard to minimise disruption for people living at the home. The deputy manager had organised for extra care staff to be on duty to allow her to be supernumery so that she could deploy herself where necessary to help care staff or the kitchen staff. We found there was little disruption even though major refurbishment was taking place. People made comments

Good

Is the service caring?

about the works such as " You would not think there was a new kitchen being fitted. Mind you the girls are very good at sorting things out. Nothing ever bothers them, they just get on with it."

We observed that people were relaxed with staff and confident to approach them throughout our visit. We saw staff interacted positively and warmly with people, showing them kindness, patience and respect. There was a relaxed atmosphere in the home and staff we spoke with told us they enjoyed supporting people. Members of staff we spoke with told us they enjoyed their work.

Good

Is the service responsive?

Our findings

The service was responsive. We spoke with people about how they passed the day and whether there was enough to do. People told us they were satisfied with the level of activity and that they could choose whether to get involved or not. One person said, "I don't play the games, but I like to watch."

A relative told us, "Mum is now involved with activities she never used to be and she enjoys them She plays darts and does her knitting which has improved her arthritis. She often tells me "I like it here, I am well looked after." Another relative said, "The staff at the home always contacts us if they have any concerns." Another relative said, "They(staff) keep us well informed."

We observed that activities were available to people these took place usually in the main lounge area. We saw that the home employed an activities co-ordinator who was working during the afternoon of our visit. About ten people were involved in a very animated game of magnetic darts in the lounge. We observed people clearly enjoyed this and there was much banter and we saw that the activities co-ordinator got people engaged in the activity, including doing the maths involved. Some people preferred to watch, but got involved in the banter and jokes. This was followed by doing a crossword. The activities co-ordinator also used a sensory ball with lights to engage with people who were unable to communicate. One person said, "I wish we could get a mini bus and go out sometimes. Not far.The only time I go out is to hospital. I'd like to go out. It would be nice to have people to come and give talks or something."

Another person told us that their religion was very important to them. We saw in this persons care plan that they received a visit from a local vicar once a month.

On the day of our visit, the deputy manager was managing the establishment long term due to the unforeseen absence of the registered manager. We were informed that a lot of change in terms of process and procedures were being made in order to make the establishment a more comfortable place to live and a better place to work. This had been welcomed by both people who use the service and staff. On person told us, "A lot of work has been getting done lately and it's about time too." On asking if the work affected their daily schedule the person replied, "Only a bit but it has to be done. It's getting done for our benefit so it doesn't matter."

Staff told us that they also welcomed the changes as well as the 'turnaround' currently being completed by the deputy manager. Staff said that the environment and look of the building had stood still for a number of years and felt that until the start of the recent changes, the environment and atmosphere could be depressing.

We found that care staff responded to call bells in a very timely manner. One member of staff told us, "Answering the call bells quickly is a team rule as we don't know what to expect when we get there. It could just be a request for a cup of tea or you could find somebody lying on the floor. Nevertheless, we all aim to give a quick response." This was supported by a person who used the service saying, "I have never waited more than a minute or so for somebody to come when I have rang my call bell."

We saw the complaints policy was displayed in the entrance to the home. The deputy manager told us people were given support to make a comment or complaint where they needed assistance. They said people's complaints were fully investigated and resolved where possible to their satisfaction. Staff we spoke with knew how to respond to complaints and understood the complaints procedure. We looked at the complaints records and saw there was a clear procedure for staff to follow should a concern be raised. Records showed that the last complaint the home received was in January 2014 and details of what action the home had taken was recorded and the outcome to the complaint. Several people told us that if they had a worry they would speak to the deputy manager and that she would help to sort it out for them.

People we spoke with told us they did not have any worries about their care. People told us that if they did have any concerns they would speak with staff or senior staff at the home.

People living at the home were encouraged and supported to make their views known about the care provided by the service. People told us that there were regular residents meetings held. A notice with the dates was on the wall in the lounge. We saw the minutes from the last meeting which had been held on the 26 March 2015. We saw that the deputy manager at the home listened to people's views

Good

Is the service responsive?

and their suggestions and took action. For example, mealtimes had recently changed following a residents meeting where people had made requests about having cooked breakfasts. A person we spoke with told us, "I go to the residents meetings. I suggested that we have cooked breakfasts sometimes, and (name) now does that twice a week."

People living at the home relatives/friends and other professionals were also asked about their views via surveys which were sent annually. The last survey was sent in October 2014. We saw that the surveys for people living at the home were in an easy read format and in large print. We saw that there was positive feedback from these questionnaires. People had made comments such as, 'The food is nice – not fancy but food I enjoy.' 'Very pleasant home – not fussy and they don't push you if you don't want to do any activities.' One person described activities as, 'You don't know you are doing activities – you are just having a good time.' This made sure that people had the opportunities to express their views about the running of the home.

Requires Improvement

Is the service well-led?

Our findings

This service was not well led. Throughout our inspection we observed an open, relaxed atmosphere in the home. People we spoke with told us that they were well cared for by the care staff at the home.

One relative told us, "I am very satisfied with everything. I could not speak any more highly about the home." Another relative said, "I am more than happy with the home." However, one relative told us, "It is very regimented when the manager is on duty. The atmosphere at the home changes when the manager is not there. The home feels a completely different home at the moment." The relative went onto explain that this reflected the positive changes that were happening at the moment.

The registered manager was unavailable on the day of inspection and the deputy manager was responsible for the service. The deputy manager had the support from a 'buddy' registered manager from another nearby service within the organisation.

During the visit we saw the deputy manager was regularly in the communal areas of the home. They engaged with people living in the home and were clearly known to them. Both people who use the service and staff members spoke very highly of the deputy manager. The staff reported that the deputy manager was always focused on the people that use the service and made regular walks around the home to check and make sure everything was satisfactory. Staff reported that she was very approachable and fair and would listen to and take on any concerns that you may have.

On being asked their view on how the service was managed, one person who used the service commented, "(name) is lovely. She always comes to see us. She always sorts things out for us." One person said, "It's a good team. A happy team." This person went onto say that there had previously been a reluctance from the registered manager for change.

Some staff told us that the leadership and management has been a lot better over the previous weeks since the deputy manager had been in charge. They reported that they could feel and noticed how things changed for the better. One member of staff commented, "Everyone is a lot happier recently and it's no longer a chore coming into work."

We found that the deputy manager demonstrated very good management and leadership skills in their responses to many of our questions. We found that their management style was consistent that created a calming and relaxed atmosphere. We found that they were well informed and knowledgeable regarding local and management tasks and the importance of encouraging partnership working wherever possible. They took on board our brief feedback of potential concerns and reported that they would complete an action plan to address them all as soon as possible.

We found there was a breach of Regulation 15 (Premises and Equipment).We also found that regular checks on different aspects of the service to make sure that quality and effectiveness was maintained had not been regularly carried out. We looked at a range of documentation to find evidence of auditing and quality assurance. We saw that audits had been completed more recently on the 27 February 2015 and 2 April 2015. These audits covered food hygiene, infection control, medicines, and health and safety. These had been carried out by the registered manager from a different home whilst supporting the deputy manager. Although we saw audits had been carried out regarding the environment in February and March 2015, we did not see any action plans regarding the environment such as any work to re-decorate and re-paint all the communal areas and of any upgrades being reflected or considered for the bathrooms. Bathrooms were unsuitable for older people as only one bathroom had equipment to assist people in getting in and out of a bath. People told us that they did not have the choice of having a shower as there were none at the home. We found that the lift was out of order and had been so for several weeks. This had an impact in the quality of life for people living at the home. We found that the home was cluttered and in one lounge there was unsuitable furniture for older people. The home's environment appeared uncared for and unsafe in some areas. Where any failings were identified, we did not see any action plans had been put in place to ensure any issues were addressed. We have asked the provider to address these matters.

We found that the home was operating with minimal support from ancillary staff. We found care staff were doing cleaning in the afternoons, some preparation of meals and laundry, which took them away from their primary responsibilities as care staff. We have asked the provider to address this matter.

Requires Improvement

Is the service well-led?

We found that people's care plans were not always person centred apart from the ones that had recently been updated. We found that people's risk assessments were not always completed and there were gaps in the recording in care plans which had not always been reviewed.

We found there was a breach of Regulation 11 (Need for consent). We saw in all of the care plans we looked at held consent forms. We saw no evidence that care had been discussed with people or their relatives or representatives. None of the consent forms we saw had been agreed and signed by the person who received care or their representatives. We saw that the consent forms had only been signed by the homes registered manager.

All of these matters should have been identified and actioned by the manager and provider had the systems in place been properly used and plans to action identified shortfalls been put in place and implemented.

The provider had failed to assess, monitor and improve the quality and safety of the service. This is a breach of Regulation 17 (Good governance), of The Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

Overall, we found that while the approach of the staff group was remarkable given the multitude of tasks they were asked to take on, and their frustration at the obvious need for change and updating of the home this was not supported by appropriate monitoring and prompt action by the provider or the manager.

This section is primarily information for the provider

Action we have told the provider to take

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

Regulated activity	Regulation
Accommodation for persons who require nursing or personal care	Regulation 15 HSCA 2008 (Regulated Activities) Regulations 2010 Safety and suitability of premises **The provider had failed to protect people against risks associated with the adequate maintenance of the environment.**

Regulated activity	Regulation
Accommodation for persons who require nursing or personal care	Regulation 11 HSCA (RA) Regulations 2014 Need for consent **The provider had failed to obtain consent to care from people living at the home.**

Regulated activity	Regulation
Accommodation for persons who require nursing or personal care	Regulation 17 HSCA 2008 (Regulated Activities) Regulations 2010 Respecting and involving people who use services **The provider had failed to assess, monitor and improve the quality and safety of the service.**