Sovereign Care (North East) Ltd

# The Willows

## Inspection report

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## Ratings

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|---|---|
| Overall rating for this service | Requires Improvement |

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|---|---|
| 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** |

# Summary of findings

## Overall summary

This inspection took place on 2 and 3 October 2017 and was unannounced. This was the first inspection of the home under its current name and with this provider. Sovereign Care (NE) Limited had previously been the provider at this location up until November 2015, when a different provider had taken over responsibility for the home. Sovereign Care (NE) Limited subsequently re-registered this location and changed the name to 'The Willows' in November 2016.

The Willows is a care home that can provide accommodation and personal care to a maximum of 27 people. It is registered to provide nursing care.

The home had a registered manager in place and our records showed she had been formally registered with the Care Quality Commission (CQC) since June 2017. A registered manager is a person who has registered with the CQC to manage the service. Like registered providers, they are 'registered persons'. Registered persons have legal responsibility for meeting the requirements in the Health and Social Care Act 2008 and associated Regulations about how the service is run.

People told us they were safe living at the home and staff had a good understanding of safeguarding adults procedures. We found a range of safety issues at the home including checks and certificates not in place for lifting equipment, gas safety and electricity safety. Maintenance of the premises had been undertaken, although records were not always maintained in a single location. People had emergency evacuation plans in place. Accidents and incidents were monitored, although up to date reviews were not always in place.

Suitable recruitment procedures and checks were in place, to ensure staff had the right skills. All staff had been subject to a Disclosure and Barring Service check (DBS). Some people and staff members told us there were times when more staff would be helpful, but overall there were enough staff at the home. We found minor issues with the management of medicines at the home, which were addressed immediately. Audit processes for the safe management of medicines were not always robust.

Staff told us they had access to a range of training and updating. Records relating to this were not readily available. The local Learning and Development Unit confirmed staff had accessed a range of online training. Annual appraisals had not yet been undertaken since to provider took over responsibility for the home. Staff told us, and records confirmed regular supervision took place. People told us, and our observations confirmed the home was maintained in a clean and tidy manner.
People's health and wellbeing was monitored and there was regular access to general practitioners, dentists and other specialist health staff.

CQC monitors the operation of the Deprivation of Liberty Safeguards (DoLS). DoLS are part of the Mental Capacity Act 2005 (MCA). These safeguards aim to make sure people are looked after in a way that does not inappropriately restrict their freedom. We found some people, who had previously had DoLS in place had not had this authorisation renewed or had not been reassessed to determine if it was still required. People

were asked their consent on a day to day basis.

People were happy with the quality and range of meals and drinks provided at the home. They told us they could request alternative items. Special diets were catered for and kitchen staff had knowledge of people's individual dietary requirements.

People told us they were happy with the care provided. We observed staff treated people patiently and with due care and consideration. Staff demonstrated a good understanding of people's individual needs, preferences and personalities. People and relatives said they were always treated with respect and dignity. Relatives told us they were regularly involved in care decisions.

Care plans were detailed and related appropriately to the individual needs of the person. A range of activities were offered for people to participate in, although a dedicated activities co-ordinator was currently absent from the home.

The registered manager told us there had been one formal complaint in the last 12 months and this was being addressed appropriately. The majority of people and relatives told us they had no reason to raise concerns.

The registered manager told us regular checks on people's care and the environment of the home were undertaken. However, these checks and audits were not formally recorded and had failed to identify the issues we noted at this inspection, particularly around safety issues and DoLS. The provider did not undertake a formal review of the home. Records were not always up to date or immediately available. Staff felt well supported by the registered manager, who they said was approachable and responsive. They felt additional management time or support would be useful. Staff told us they could raise issues or make suggestions and these were dealt with or acted upon. People and relatives told us the registered manager had made a significant impact in improving the home.

We found three breaches of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014. This related to the Premises and Equipment, Safeguarding people from abuse and improper treatment and Good Governance. You can see what action we told the provider to take at the back of the full version of the report.

## The five questions we ask about services and what we found

We always ask the following five questions of services.

### Is the service safe?

**Requires Improvement**

Not all aspects of the service were safe.

Safety certificates were not available for lifting equipment, gas and electricity systems. There were some gaps in medicine records and audits around medicines were not always robust. Relatives and people living at the home said they felt they were safe at the home and staff had undertaken training on safeguarding issues.

Risk assessments had been undertaken in relation to people's individual needs. Accidents and incidents were recorded, although overarching monitoring was not consistent.

Proper recruitment processes were in place to ensure appropriately experienced staff worked at the home. The home was clean and tidy.

### Is the service effective?

**Requires Improvement**

Not all aspects of service were effective.

Authorisations related to some people with regard to DoLS had lapsed without being reassessed or a further application being made, leading to potential unlawful restrictions. People were offered day to day choices. Best interests decisions were not always clearly recorded.

Records regarding training were not readily available, although the local LDU confirmed on line training was being undertaken. Staff confirmed they received supervision sessions and records confirmed this.

People had access to a range of meals and drinks and specialist diets were supported. People's wellbeing was supported through regular contact with health professionals.

### Is the service caring?

**Good**

The service was caring.

Relationships between people and staff were friendly and

reassuring.

People and their relatives told us they were happy with the care they received and felt they were well supported by staff. There was evidence relatives had been involved in determining care and kept up to date with any changes.

We observed staff supporting people with dignity and respect in a range of care situations. People were supported to maintain their independence.

## Is the service responsive?

**Good**

The service was responsive.

Assessments of people's needs had been undertaken and care plans reflected these individual needs. Plans were reviewed regularly and updated as people's requirements changed. Some reviews could be limited in content. People and relatives told us the staff were responsive to people's needs.

Staff tried to maintain a range of activities for people to participate in, although there was no current activities co-ordinator.

People were aware of how to raise any complaints or concerns. One recent formal complaint had been dealt with appropriately.

## Is the service well-led?

**Requires Improvement**

Not all aspects of the service were well led.

Checks and audit processes had failed to identify the issues we noted around the management of medicines, safety certificates and the lapsed DoLS authorisations. Relatives and staff felt there needed to be more management time to continue to improve the home.

People, relatives and staff were positive about the leadership of the registered manager and said she had made a significant impact. Staff said they were happy working at the home and morale was improving.

Staff meetings took place and staff told us that management listened to and acted on their suggestions. Records were not always easily available or up to date.

# The Willows

**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.

This inspection took place on 2 and 3 October 2017. The first day of the inspection was unannounced.

The inspection team consisted of one inspector and an Expert by Experience (ExE). An ExE is a person who has personal experience of using or caring for someone who used this type of service.

Before the inspection we reviewed the information we held about the home, in particular notifications about incidents, accidents, safeguarding matters and any deaths. We contacted the local Healthwatch group, the local authority contracts team, the local authority safeguarding adults team and the local clinical commissioning group. We used their comments to support our planning of the inspection.

We spoke with nine people who used the service to obtain their views on the care and support they received. We also spoke with eight relatives. Additionally, we spoke with the registered manager, two registered nurses, two care workers, two cooks and the home's handyman. During the inspection we spoke with staff from the local Learning and Development Unit and the local Deprivation of Liberty Safeguards team.

We observed care and support being delivered in communal areas and viewed people's individual accommodation. We reviewed a range of documents and records including; four care records for people who used the service, ten medicine administration records (MARs), three records of staff employed at the home, complaints records, accidents and incident records, minutes of meetings with people who used the service or their relatives and a range of other quality audits and management records.

Requires Improvement

# Is the service safe?

## Our findings

We reviewed checks at the home to ensure safety and security were monitored. We found that portable appliance testing (PAT) had been undertaken on small electrical items to show they were safe to use. We also noted contractors had visited the home to carry out checks on the water system and risks associated with legionella infection, and to perform maintenance of fire alert systems and fire equipment, such as extinguishers. We noted that although repairs and maintenance had been undertaken on the passenger lift and lifting equipment used at the home there were no current Lifting Operations and Lifting Equipment Regulations 1998 (LOLER) certificates available for these devices. Guidance states that LOLER checks should be carried out on personal lifting equipment and passenger lifts every six months. We asked the registered manager about this. She said she had been advised by a contractor that LOLERs were required yearly with a six monthly service. This meant we could not be sure that appropriate safety checks had been undertaken on this equipment. The manager said she would look to address this as soon as possible.

We were also unable to locate copies of a gas safety certificate for the premises and the five year fixed electrical systems safety certificate. The registered manager told us she was sure these were in place and were held by the provider, who was away at the time of the inspection. She said she would ask the provider to forward them to us. The provider subsequently told us they were unable to find the most current certificates and would arrange for new checks to take place as soon as possible. He later confirmed that the required safety checks had been undertaken by a qualifies contractor.

This was a breach of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014 Regulation 15. Premises and Equipment.

We looked at how medicines were managed at the home. We found some gaps in recording on the medicine administration records (MARs). For example, one person was prescribed a cream for their skin to be applied daily and we noted there were no entries between the 17 and 19 September 2017 and 28 September and 3 October 2017. We noted one person was prescribed a medicine which was administered through the use of a patch on their skin. Instructions with the patch stated it should not be placed on the same area of the body within 14 days, to reduce the risk of irritation. There was no body map in place to record were the patch had been placed, although the medication had only been given twice at the time of the inspection. We spoke with the nurse on duty who was aware of the need to move the patch and said she would immediately instigate a body map for this medicine. Some creams and lotions administered at the home did have body maps in place to show where they should be applied, but these were missing in other instances.

A daily audit of MARs was carried out to identify any gaps or anomalies on the administration of medicines. Whilst missing signatures were noted on the audit document, it did not always identify where the signatures were missing or that any follow up action had been taken to address the issue. We asked the nurse on duty about this. She told us that a post-it-note was placed on the MAR to show where signatures were missing. However, there was no formal system in place to ensure the matter was corrected. We found post in notes on the MARs but these were often loose and could become detached from the record. This meant the checking system in place to ensure that medicines were always administered correctly was not robustly

managed.

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

The manager subsequently wrote to us and told us she had instigated a new audit system to ensure missing signatures were properly followed up and that they had now received body map documents from the local pharmacy which would be put in place.

Other areas of medicine administration were managed appropriately. Medicines were stored safely, there were checks on the temperature for stored items, the clinical room and trolleys were maintained in a clean and tidy manner and controlled drugs were stored and recorded safely and legally. Controlled drugs are medicines that are subject to particular legal restrictions on their use and storage. There was evidence in personnel files that staff had been subject to observed practice in the safe handling of medicines. The nurse on duty on the second day of the inspection told us that the management of medicines had improved greatly since the new provider had taken responsibility for the home and the current registered manager had come into post.

People and relatives we spoke with told us they felt the home was a safe place to be. One person told us, "Yes, It feels very safe here." Another person told us they had been worried about, "being locked in at night" (in the home), but was happy with the situation now and said it did not impact on their personal freedom. A relative told us, "I've no reason to feel concerned or that I wouldn't want them here." A second relative commented, "I feel they are safe, oh yes. I've never found anything of concern."

The registered manager showed us the records she held in relation to safeguarding matters at the home. She told us the home had been under organisational safeguarding due to concerns about the previous provider and many matters had been dealt with directly by the safeguarding team during this period. Organisational safeguarding is a process instigated by the local safeguarding adults team where there are multiple concerns about a service. The home was no longer in organisational safeguarding at the time of the inspection. We noted the centralised safeguarding records were based largely on notification sheets sent to the CQC. The registered manager explained that where there was a safeguarding issue the person's care manager was always contacted and safeguarding always contacted for advice or to report the incident. She said that rather than maintain a single record all such contacts would be recorded in people's individual care files. We discussed about maintaining a central record to help monitor and review safeguarding issues and the registered manager said she would look into this.

Risk assessments were in place at the home. There was a fire risk assessment document which had been reviewed within the last 12 months and a risk assessment carried out on water safety. Regular checks were carried out on equipment such as fire alarms, and emergency lighting, although the records of these checks were not all contained in one place and were not immediately available. The registered manager later told us she had addressed this matter and ensured records were stored appropriately. People's individual care files also contained risk information such as risks associated with nutritional intake or risks related to skin care. Emergency plans were in place regarding the support people would need to evacuate the home in the event of a fire or other emergency situation.

Accidents and incidents were recorded. We noted that individually each incident was reviewed and, where necessary, action taken to prevent or limit the possibility of further concerns. For example, where people had fallen there was evidence that the use of bedrails at night had been considered or that increased observation of the person had been instigated. We noted there had been no overarching monthly or

quarterly review of incidents since February 2017. The registered manager later wrote to us to say she had recommenced overarching reviews to help identify any issues or trends.

There were mixed views on the level of staffing at the home. At the time of the inspection there were 19 people using the service. Day staffing numbers consisted of one qualified nurse and four care staff. Night time support was one nurse and two care staff. Relatives told us they felt there were enough staff at the home. Comments from relatives included, "I feel there are enough staff" and "There always seem to be enough staff. They (relation) have a buzzer beside them. They always come and answer it." Other people commented that there were times when staff seemed busy. Staff we spoke with told us there were times when additional staff would be helpful and were concerned that as the number of people coming into the home increased there would not be a further increase in staffing numbers. One staff member told us, "We could do with some extra staff. One resident needs more attention at times. It does get busy depending on the residents you have. We still have odd days like anywhere, but it is much better."

We observed that meal times at the home were very busy and staff seemed stretched at certain points throughout the day. For example, meal times were very busy and we noted on one day that the nurse did not finish the morning medicines round until late morning. The nurse explained that his was because there was no senior carer on that morning, who would have normally dealt with some of the medicines. Kitchen staff told us the registered manager was looking to recruit a kitchen assistant to help with meal preparation.

The registered manager told us there had been a significant recruitment of staff in the last few months, although there were still gaps and occasional use of agency staff. She told us she felt there were sufficient staff at the current time but monitored the situation with the provider.

We looked at recent staff recruitment and found that this was a safe and effective process. There was evidence in staff files of an appropriate recruitment, interview and checking process, the provider had undertaken Disclosure and Barring Service (DBS) checks and taken up references. DBS checks ensure staff working at the home have not been subject to any actions that would bar them from working with vulnerable people. The registered manager told us that when recruiting nursing staff appropriate checks were undertaken with the Nursing and Midwifery Council (NMC). Qualified nurses are required by law to be registered with the NMC.

The home was noted to be clean and tidy overall. People and relatives we spoke with hold us they found no issues with the cleanliness when they visited.  We saw that toilets, bathrooms, laundry areas and kitchen facilities were maintained in a tidy manner. There were no persistent unpleasant odours and domestic staff were working at the home throughout the inspection. We noted the vinyl flooring in the entrance hall was worn in places, but the manager told us that a range or updates where taking place with the building. We witnessed work being undertaken throughout the inspection.

Requires Improvement

# Is the service effective?

## Our findings

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

The registered manager told us she maintained a list of all the individuals where a DoLS had been granted or where an application had been made. There was also a list available in the main office of when DOLS authorisations terminated and required to be reviewed or renewed. We noted the review date for one person was wrongly recorded and the DoLS documentation in the care files indicated the person's DoLS authorisation had expired. We contacted the local DoLS team within the local authority to check all the current granted DoLS and applications. We found that two other individuals had DoLS that had expired with no application to review or renew the authorisation. The DoLS team told us they had sent the home reminders about this and in one case had telephoned the home to raise awareness. This meant people were at risk of being unlawfully deprived of their liberty without proper authorisation. The registered manager told us this had been an oversight due to other demands on her time in the home. She later wrote to us to inform us that new DoLS applications had been made in respect of the three people identified.

This was a breach of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014 Regulation 13. Safeguarding people from abuse and improper treatment.

Where people had capacity their consent was sought on a frequent basis; asked if they wished to have lunch and whether they required help with personal care. For some people relatives held lasting power of attorney (LPA) for their relations. LPA is a legal process that allows designated individuals the authority to make decisions on a person's behalf, if they do not have the capacity to do so themselves. Where this was in place there were copies of the documents in people's care files. We noted one person had bedrails in use during the night. Whilst this was an appropriate action to keep the person safe it was not clear from the person's records if a suitable best interest decision had been taken to consider if it was the least restrictive option and whether the action was wholly acceptable. The registered manager told us she would immediately review the documentation and ensure the best interest decision was fully recorded.

Staff told us they had undertaken a range of training. One staff member told us, "I've done infection control training and started my care certificate again; as a refresher. I've done fire training on line." One nurse told us they still worked some hours for the NHS and so received a range of transferable training through this employment. There was evidence in staff files of some training taking place within the previous 12 months including; challenging behaviour, bereavement and moving and handling training. The registered manager

showed us the most up to date training matrix for staff at the home. We noted there were a number of areas where training appeared to be overdue, particularly around fire training. The manager explained she was in the middle of updating it. She told us that all staff at the home had registered with the local Learning Development Unit (LDU) to complete a range of on line training. She said that staff had until the end of the month to complete mandatory training and then she would receive an update of the current status. She said there was no other track of how much of the mandatory training staff had completed to date. We spoke with staff from the local LDU who confirmed their records showed that staff were accessing the learning account for the home and that there was a good range of training being completed, including modules related to direct care and safety.

Staff we spoke with told us they had regular supervision. The registered manager showed us copies of supervision notes, although advised these were still in hand written form as she had not had time to type them up formally. The records showed staff were able to discuss a range of issues and contained good detail about the discussions and any agreed subsequent actions. The registered manager said she had not carried out any annual appraisals since her arrival at the home and they were just about due, as it was 12 months since the provider had taken back responsibility for the home.

People and relatives told us there was good access to services to support people's health and well-being and records in people's individual care plans supported this. One relative told us, "They have a healthcare plan in place. The GP has just left and they have had the nurse practitioner in. They are doing what they are supposed to be doing." During the inspection we saw a range of professionals visiting the home to assess and treat people. We also witnessed staff on the telephone to various services looking to arrange appointments.

People and relatives told us that they were happy with the quality and range of food provided at the home. Comments included, "You get too much food at times. The greens are there; everything is there"; "They have made more effort about the soft diet. (Relative) is eating really well" and "Relative is eating more and looking a lot better than they did." The registered manager told us they had recently appointed a second cook to the home. We spoke to both cooks over the course of the inspection. Both were enthusiastic and talked about how to improve the range and quality of food at the home. They had a good understanding of people's individual dietary needs and explained how they supported people who required specialist diets, such a soft or pureed food or diabetic ingredients. One of the cooks told us, "We do everything, like make the meals and bake the cakes. I'm dedicated to my work and that the residents are well fed and get good food." The second cook told us, "I like to give them choice. If you were at home you wouldn't have the same thing; you have something different. So it should be the same here. If they want a piece of fish instead I can put that in the oven for them." We saw there was regular monitoring of peoples weight and dietary intake, where there were any concerns.

Good

# Is the service caring?

## Our findings

People and relatives we spoke with told us they felt the home was supportive of their needs and the staff were caring. Comments included, "It's not a five star hotel; but it is five star service"; "They are smiling every time they see us and that shows me that they are well looked after"; "They looked really well after coming here, compared to when they were at home"; "I am very content here. I couldn't fault them; it's like a home from home"; "It is really good. Far better than where they were"; "It's the little things; like putting the music on. My (relative) has always loved music. They don't just leave them in the room quiet. It's the little things like that"; "I'm in everyday and can't complain about the care"; It's a smaller home. That makes the difference. The residents get more attention. If the care is good, that is what I want. This is better" and "The staff are lovely, understanding and supportive. I've always had that from them; they have been very good to me."

We spent time observing care and saw staff approached people in respectful, patient and friendly manner. Staff took time to speak with people as they were passing and we noted several conversations between people and staff about visits out to the community that had occurred recently.

People and relatives told us they were involved in determining and reviewing people's care. Relatives also told us the home contacted them if there were any concerns and kept them up to date. Comments from relatives included, "I am kept involved, much more than some places. My brother is kept up to date too"; "When they have had the nurse out or they are having antibiotics then they will make me aware" and "They are happy to phone me for advice, but they do not expect me to come out every time." One relative told us they had been involved in recent staff interviews, supporting the manager during the recent increase in staff recruitment. The registered manager told us she had only held one relatives' / residents' meeting since she had started at the home. She said she would like to arrange others, but that most relatives just spoke with her when they visited and so there was less need for a formal meeting.

Some people living at the home had diverse needs in respect of the seven protected characteristics of the Equality Act 2010 namely; age, disability, gender, marital status, race, religion and sexual orientation. We saw that staff treated all people equally and did not discriminate because of people's differences. Staff took time to explain to people with a disability about what they were doing or took additional time to listen to individuals whilst they tried to explain things to staff. One relative told us, "I notice with all the residents there is very much a sense of empathy and caring from the carers" and "I do watch with all the residents; how well they treat them and talk to them."

People and relatives told us that staff supported and respected their privacy and dignity. We observed one relative, who was visiting their relation, approach them and remark that they felt they looked extremely smart. Comments from relatives included, "Staff have been very diligent; particularly around their dignity and respect. They are very careful about how they treat them" and "They always look clean and tidy. I have never found anything of concern and staff are getting to know their little ways." We observed people were supported with personal care and looked clean, tidy and well cared for. People's hair was neatly brushed and nails looked well cared for. A number of ladies had their nails painted and staff were doing this

throughout the inspection. One relative told us their relation could be confused and sometimes reluctant to take showers. They said that staff patiently tried to coax the person to maintain a good level of personal care. They said, "Staff ask them daily and gently try to coax (relative) about having a shower." People and relatives also told us they could have keys to their rooms, if they requested, so they could look them when they were not using them.

People's independence was supported. We witnessed people being supported to go out into the community during the inspection; to attend activities or go shopping. People were also free to move around the home and rest where they wished. One relative told us, "(Relative) is very settled here. They are able to wander around as they wish – but staff are still very attentive."

Good

# Is the service responsive?

## Our findings

People and relatives we spoke with told us they felt the home was responsive to people's needs. Comments we received included, "The staff let (relative) pick their own room, even though they were only here for respite"; "If you want anything done, you just ask and they accommodate you"; "If you want anything and you ask them it is there" and "They are very proactive."

The registered manager told us they were still in the process of moving care plans from the previous provider's format to a new system. Care records contained evidence of an assessment of people's needs and details of plans linked to these identified needs. We found care plans were person centred and contained good detail for staff to follow when delivering care. For example, one care plan around a person's night time routine indicated they like to sleep with two pillows and enjoyed a hot drink before retiring. Another care plan indicated a person should receive additional fluids at night if they had not taken at least 500ml during the day. Care plans had been reviewed regularly, although the quality of the review was not always detailed. Some reviews contained good information about how a person had been within the last month. Others stated there was no change or that the plan remained relevant. The registered manager told us she was looking at how to improve the review process as they changed and developed the new care records.

We observed that people's choices were supported throughout the inspection. People were given choices at meal times and throughout the day. People we spoke with also told us their choices and preferences were supported. Comments from relatives included, "Staff will make my (relative) a cup of tea whenever they want one" and "They get a choice of things; what to eat and what to do." One of the cooks told us they regularly approached people about their meal preferences. They told us, "I get to sit down with the residents and ask them what they like. That is important. I want to get everything organised. I'm on a mission."

The registered manager told us there had been one recent ongoing complaint, which had been around the quality of care. She said this matter had been raised through safeguarding, but that she had subsequently met with the family and listened to their concerns. She said she had not had time to formally write up the issues and details of the meeting. These were subsequently forwarded to us by the registered manager. We saw the matter had been looked into and action taken to address the concerns. Family members we spoke with indicated that actions had been put in place and they were currently happy with the level of care being delivered in support of their relative. Other people and relatives we spoke with told us they had not made any recent complaints and that any concerns they raised were always dealt with. Comments from relatives included, "I've never had to complain about (relative), they have never been neglected. Any issues raised are dealt with. Things are dealt with very quickly from my point of view and I'm not afraid to complain" and "I've not complained. I've never found anything of concern."

The registered manager explained that the home did have a dedicated activities co-ordinator, but unfortunately they were currently on long term absence. She said they had not been able to replace these hours directly, but that all the staff at the home tried to engage in activities and support people. Some people and relatives told us they felt there could be more activities, but said staff did try to engage with people, if they had the time. One person we spoke with told us they played bingo on a Thursday afternoon

and that they were going to take part in a reading discussion group. They also told us that a musician had recently visited the home and that they had enjoyed this activity. During the inspection we witnessed staff playing dominoes and cards with some people and also staff engaged in painting the nails of some people. One relative told us about their relation, "They never did a lot at home really. They did join in the music thing and they do play bingo and things like that." Some people living at the home had additional packages of care and were supported out into the community by carers from an external agency.

Requires Improvement

# Is the service well-led?

## Our findings

At the time of our inspection there was a registered manager in place. Our records showed she had been formally registered with the Commission since June 2017. The registered manager was present and assisted with the inspection on the day we visited the home.

The registered manager talked about the work she had undertaken to change the home and improve the situation from when the previous provider ran the business. She said there had been a lot of work to do and there remained things that needed addressing. She said she had in place some audits, particularly around checks on medicines. However, these checks were not always robustly applied and there was not always evidence that action had been taken. She told us she did not undertake any formal audits of the home, but did look around the home every morning and checked on matters such as food and fluid charts. She said she would regularly check medicines, although there was no direct evidence of this. She said she would also regularly check the cleaning rota and ensure the home was clean and tidy. She told us there had been a great deal to do and that with no deputy or admin support everything had required her to take the lead. We asked the registered manager if the provider visited to home. She said the provider attended approximately weekly and looked around the home as well, but did not carry out any formal reviews or dedicated audit processes. This meant there were limited formal audit and checking processes in place to ensure the quality of the service and ensure that progress was being made.

Daily records maintained at the home were generally good and contained good detail. Handover records also contained appropriate detail, although these were not always recorded on the dedicated form. Food and fluid charts were also well completed and up to date. We noted one person's care records stated they should be turned every two to four hours, but there was no chart for staff to record these actions. Staff told us they recorded positional changes on the daily record. We noted this was not carried out consistently. Other records such a complaints records, safety certificates and overviews of accidents and incidents were not readily available. Three people's DoLS had lapsed without the matter being recognised by the registered manager. This meant there was a lack of robust, audits, checking and management systems in place at the home.

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

The registered manager subsequently wrote to us and informed us action had been taken to address some of the issues including, ensuring a position chart was in place and that appropriate records of the complaint had been written up. She also told us she had reviewed recent accidents and incidents.

Staff told us they felt more settled in the roles since the new provider had taken over and the new registered manager taken up post. They said they felt the home was improving. They were positive about the registered manager, although felt there was not enough management time for all the issues that required action to be addressed. Comments from staff about the registered manager included, "The manager is great. She is very fair, pleasant and easy to speak to; very approachable"; "Things are getting better. Manager

has been fantastic, but she is leaving at the end of the month. Hopefully we will get a new one. She is a nice manager; the best so far. She should have a deputy, she is too busy"; "The manager is really nice, very good to talk to. She is dedicated to what she does and always there to help you. She always tries to get you anything you need"; "The atmosphere is 100% better. Morale is much better. I like (manager's name), she is very approachable. You can go to her if you have got any issues or have any ideas. She is quite willing to take things on board" and "Manager is excellent. She can be very hands on as well. She sees beyond the patients and sees beyond the staff and acts on it. She could do with more management time and needs dedicated clerical support." Staff told us there were occasional staff meetings and that they could raise any issues at these meetings. They also told us that because it was a relatively small staff team matters could be discussed on a day to day basis.

People and relatives were extremely positive about the registered manager and the change she had brought to the home. They also told us that she was seen regularly around the home and often enquired how things were. Comment from people included, "The manager comes round very often. She asks how I am"; "The manager is very approachable. She always says, 'Is everything okay?'" and "I think she would do her best to put things right if anything was wrong." Relatives told us, "Since (name of registered manager) has come, she has really helped to turn things around"; I feel it (the home) is on the up. I've seen quite a change and hope it continues. (Manager's name) had an enormous task to turn the place around"; "The manager is really helpful and knows what is going on. She knows all the residents and what is going on. She is in and out of rooms and so hands on" and "(Relative) says (name of manager) is terrific. (Manager's name) is approachable. I can knock on the door and ask her anything." One relative told us the registered manager had said she would personally escort their relation to a hospital appointment, if they themselves were unable to accompany the person.

Staff told us they were happy in their roles and were now enjoying working at the home. They told us they enjoyed supporting people and looking after them. Comments from staff included, "I am very happy. I'm still here. There has got to be something drawing us"; "I am happy at the moment. I love them (people living at the home) to bits. I like seeing a difference from where we were; although there is always room for improvement" and "I'm happy with my job and what I do. I like to give to people and give what I can to the residents."

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<br><br>Treatment of disease, disorder or injury | Regulation 13 HSCA RA Regulations 2014 Safeguarding service users from abuse and improper treatment<br><br>Systems were not in place to ensure people were not detained without lawful authorisation. Regulation 13(5) |

| Regulated activity | Regulation |
|---|---|
| Accommodation for persons who require nursing or personal care<br><br>Treatment of disease, disorder or injury | Regulation 15 HSCA RA Regulations 2014 Premises and equipment<br><br>Systems were not in place to ensure all premises and equipment were properly maintained and safe to use. Regulation 15(1)(e) |

| Regulated activity | Regulation |
|---|---|
| Accommodation for persons who require nursing or personal care<br><br>Treatment of disease, disorder or injury | Regulation 17 HSCA RA Regulations 2014 Good governance<br><br>Systems were not in place to allow the registered person to assess, monitor and improve the quality and safety of the service and mitigate risks to health and safety. Accurate, complete and contemporaneous records were not always maintained or available. Regulation 17(1)(2)(a)(b)(c)(d). |