

Abbeyfield Hoylake & West Kirby Society Limited

Abbeyfield Lear House

Inspection report

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Ratings

Overall rating for this service

Requires Improvement 

Is the service safe?	Inadequate 
Is the service effective?	Requires Improvement 
Is the service caring?	Good 
Is the service responsive?	Requires Improvement 
Is the service well-led?	Requires Improvement 

Summary of findings

Overall summary

We carried out an unannounced inspection of this service on 13 and 18 December 2015 during which a breach of legal requirements was found. During this visit, we found the provider had failed to administer and manage medications safely and failed to ensure people's legal consent was obtained in accordance with the Mental Capacity Act (MCA) 2005.

As a result of these failings, the provider was issued with requirement actions. Requirement actions require the provider to make the necessary improvements to ensure legal requirements are met within a timescale they agree is achievable with The Commission. After the inspection in December 2015, the provider wrote to us to say what they would do to meet legal requirements in relation to the breach and agreed appropriate timescales with The Commission.

When we undertook this comprehensive inspection on the 27 February and 1 March 2017, we found that sufficient improvements had been made with regards to medication management and the obtaining people's consent to be compliant with the regulations.

Abbeyfield Lear House and its annexe Elliot House is registered to provide personal care and accommodation for up to 29 people. The home and its annexe are situated in West Kirby, Wirral. It is within walking distance of local shops with good transport links. There is a small car park and garden available within the grounds. A passenger lift and stair lift enable access to bedrooms located on the upper floors of Lear House. There are communal bathrooms with specialised bathing facilities available and a communal lounge and dining room for people to use. The home and its annexe, Elliot House are decorated to a good standard throughout.

On the day of our visit, there was a registered manager in post. A registered manager is a person who has registered with the Care Quality Commission to manage the service. Like 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.

During this visit, we found breaches in relation to Regulations 12, 14, 17 and 19 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014. These breaches related to the management of risk, poor care planning and recording keeping and poor practice with regards to staff recruitment. You can see what action we told the provider to take at the back of the full version of this report.

We looked at the care files belonging to four people who lived at the home. We found that people's care plans did not cover all of their needs and lacked clear information about the management of some risks. Some of the risks identified in relation to people's care had not been reviewed for some time and information in relation to these risks was sometimes inaccurate and contradictory. This did not demonstrate that people's health and welfare risks were monitored and managed safely.

We found that dementia care and person centred care planning was poor. Care plans lacked adequate

information about people's preferences and did not provide staff with person centred guidance on how best to support people when they became upset or displayed behaviours that challenged. Inaccurate, incomplete care planning and poor records relating to people's care and treatment placed them at risk of receiving of inappropriate, unsafe care that did not meet their needs, identified risks or preferences.

People we spoke with said the food at the home was good and they got enough to eat and drink. We found however that some people had special dietary requirements which were not always met in accordance with dietary advice or in a way that mitigated risks of malnutrition. Staff when asked lacked sufficient knowledge of people's nutritional needs. There was also no evidence that the people who were at risk of malnutrition, had their dietary intake monitored in any meaningful way to ensure their nutrition and hydration needs were met.

The home was clean, free from offensive odours and well maintained. Equipment was properly serviced and maintained. We found that the risk of Legionella had been appropriately assessed but that the required water checks were not always undertaken to enable the provider to be sure the risk of Legionella was monitored and managed safely.

The provider's arrangements and information in place to assist staff and emergency services personnel in the event of a fire or other emergency evacuation were inadequate. People's personal emergency evacuation plans failed to provide clear information on people's needs and risks during an emergency evacuation and the provider's fire evacuation procedures were unsafe. This placed people at risk of harm

Where people's capacity to consent to decisions about their care was in question, the mental capacity act 2005 and the deprivation of liberty safeguard legislation was followed to ensure that legal consent was obtained.

People looked smartly dressed and well cared for and everyone we spoke with spoke positively about the home and the staff. None of the people we spoke with had any complaints or concerns about the service and no formal complaints had been received by the manager since 2015.

We observed that staff treated people kindly and spoke to them with respect. It was obvious that people felt comfortable and relaxed in the company of staff. Staff we spoke with told us they felt supported and trained to do their job and records confirmed this. The atmosphere at the home was warm, homely and caring and we saw lots of positive interactions between people who lived at the home and staff to demonstrate that they had positive relationships with each other.

Regular resident meetings took place to enable people to feed back their views and suggestions on the service provided. A satisfaction questionnaire had also been sent out to gauge people's views on the service but the way the results of the survey had been analysed was confusing. There was also no information as to how the feedback provided by people during this survey had been used to improve the service.

People and staff we spoke with thought the serviced was well managed but we found improvements to the provider's governance systems were required. This was because the systems in place failed to effectively identify and address the areas of concerns we found during our visit. For example, poor risk management, a lack of person centred care planning and poor record keeping. This demonstrated that the management of the service required improvement.

The five questions we ask about services and what we found

We always ask the following five questions of services.

Is the service safe?

Inadequate ●

The service was not safe.

Information in relation to people's risks and their management was contradictory and unclear. This placed people at risk of inappropriate and unsafe care.

Fire and emergency procedures were unsafe and put people at risk of harm.

The premises and the equipment in use were safe but the systems in place to monitor and mitigate the risk of Legionella were not always followed.

Staff were not always recruited safely to enable the provider to be sure staff were safe to work at the home.

Medication administration was generally safe but there was room for further improvement.

Is the service effective?

Requires Improvement ●

The service was not always effective.

People said they were well looked after. They looked smartly dressed and had good relationships with the staff who supported them

People told us the food was good and they got enough to eat and drink but we found that people's special dietary needs were not always known by staff or monitored effectively to ensure their dietary needs were met.

Staff were trained and supported in their job role. Staff worked well as a team and the manager was approachable.

People's consent was sought and their capacity was assessed in accordance with the Mental Capacity Act 2005 if their ability to make an informed decision was in question.

Is the service caring?

Good ●

The service was caring.

People we spoke with were happy with the staff that supported them. They told us the staff were lovely and treated them kindly.

We observed staff to be warm, caring and compassionate in their approach. Interactions between people and staff were warm and friendly.

People were able to make everyday choices in how they lived their lives and were able to express their views on the running of the service.

Is the service responsive?

The service was not always responsive

Person centred care planning was poor and people's care and treatment records were not always accurate, complete or up to date.

People's healthcare needs were met by a range of health and social care professionals and the service ensured people received the support and equipment they needed.

A range of activities were provided and staff interacted positively with people throughout the day either in passing or in direct conversation.

People we spoke with had no complaints and no complaints had been recorded since 2015.

The provider's complaints policy was displayed but required review.

Requires Improvement ●

Is the service well-led?

The service was not always well led.

There were systems in place to aid good governance but these failed to be effective. They had not picked up issues we identified during our inspection.

People's satisfaction with the service was sought but the survey respondents and the analysis of the survey results was unclear.

A positive and inclusive culture was observed at the home. Staff worked well together as a team and the atmosphere was positive.

Requires Improvement ●

Abbeyfield Lear House

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 27 February and 1 March 2017. The inspection was unannounced. The inspection was carried out by one adult social care inspector.

Prior to our visit we looked at any information we had received about the home and we contacted the Local Authority and another healthcare professional for feedback. On the day of the inspection we spoke with four people who lived at the home, three care staff, one member of the catering team and the manager.

We looked at the home's communal areas and a sample of people's individual bedrooms. We reviewed a range of records including four care records, medication records, staff personnel and training records, policies and procedures and records relating to the management of the service.

Is the service safe?

Our findings

At our last comprehensive inspection on the 13 and 18 December 2015, we found that the administration of medicines was not always safe. This was a breach of Regulation 12 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014. During this visit we found that sufficient improvements had been made by the provider to ensure their compliance with this regulation was achieved but we found that medication management could still be improved.

We saw people's medication was kept securely and at safe temperatures. Medication was dispensed in the majority via monitored dosage blister packs. We checked a sample of three people's medication administration charts (MAR). We found that stock levels balanced with what medicines had been administered.

Some improvement however was still required to enable the provider's management of medication to be considered good. We saw that two staff were responsible for administering medication during mealtimes in the dining room. A senior member of staff was responsible for checking people's medication administration records and dispensing medication. The other staff member was a 'helper' who asked people individually if they wanted 'as and when' required medication such as painkillers and who took some people's medication to them once dispensed by the senior member of staff from the trolley. We saw that the senior member of staff was present when this occurred and observed the person taking the medication before signing the medication record. When we spoke to the staff member who helped however, they told us they had not received any training in medication administration.

We found that one person's 'as and when' required medication had not been recorded on their medication administration record. A pot of cream which was out of date and belonged to another person who lived at the home was also found in one person's bedroom. We spoke to the manager about this and both of these issues were resolved immediately.

We looked at the care files belonging to four people. People's needs and risks were assessed. For example, risks in relation to malnutrition, pressure sores, moving and handling and falls were all assessed. We found however that people's risks were not regularly reviewed to ensure that staff had accurate and up to date guidance on how to manage and mitigate these risks safely. For example, three people who required assistance to mobilise had not had their moving and handling needs reviewed since May 2015, February 2016 and June 2016 respectively. One person's nutritional risk assessment had not been reviewed since August 2016 despite the person experiencing ill health and weight loss.

Some people's risk information was also contradictory. For example, one person's care summary stated that they were high risk of falls yet their falls risk assessment stated they were at medium risk. Another person's care summary stated they were mainly incontinent but their care plan stated they not were incontinent and were able to use the toilet independently. This meant staff did not have clear information on what some people's needs and risks. This placed people at risk of receiving inappropriate or unsafe care.

We spoke to the manager about this and on the second day of our visit some of the risk management information in people's files had been updated but not all. This meant people still remained at risk of receiving inappropriate or unsafe care.

We looked at the emergency evacuation arrangements in place at the home to ensure people were protected from harm in the event of an emergency situation such as a fire. We found the arrangements to be inadequate. The provider's fire evacuation procedure was unsafe and if followed would have placed people who lived at the home and their visitors at risk of serious harm.

We also found that people who lived at the home did not have adequate personal emergency evacuation plans (PEEPS). PEEPS provide emergency service personnel with information about a person's needs and risks during an emergency situation such as a fire. This information assists staff and emergency service personnel to quickly identify those most at risk and the best method by which to secure their safe evacuation. People's PEEPS information failed to identify people's bedroom location, the support they required to evacuate and in some instances failed to identify those people who were subject to deprivation of liberty safeguards (DoLS). People who lived in the home subject to DoLS conditions had been assessed as unable to keep themselves safe outside of the home. This meant they would be particularly vulnerable during an emergency evacuation. Despite this, there was no adequate guidance for staff and emergency personnel to follow to ensure the safety of these people during an emergency.

We checked the arrangements in place for the management of Legionella infection. We saw that the provider had organised for an annual test of the home's water supply to be undertaken to check for the presence of Legionella bacteria. Legionella bacteria naturally occur in soil or water environments and can cause a pneumonia type infection. The annual test undertaken in 2016 showed that no legionella bacteria had been detected. We saw that the provider had a Legionella risk assessment in place which identified that a series of monthly and annual checks of the home's water system was required to ensure that the risk of Legionella bacterium was detected early and managed safely. We found inconsistent evidence that the provider had undertaken these checks in accordance with the risk assessment. This meant that the provider had not done all that was reasonably practicable to mitigate the risk of Legionella.

These examples were a breach of Regulation 12 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014 as there was no suitable system in place to ensure that identified risks in relation to people's care were adequately managed to keep people safe.

We looked at the recruitment records of four staff members. Two of these staff had been recruited in the last twelve months. We found safe recruitment practices had not been followed. Previous employer references sought by the manager during the staff member's application process had not been verified. This was because the request for the staff member's references had been sent to the referee's home address as opposed to a business address. The reference request did not include the referee's job title and the referee's authority to provide a reference on behalf of the previous employer had not been checked by the provider. This meant there was no evidence that the references provided were from an appropriate and reliable source.

We saw that one staff member had previously resigned from their permanent post at the home. Their employment records however indicated that they had been re-employed by the provider at some point. We asked the manager about this, as the staff member's recruitment records were incomplete and confusing. The manager told us that they staff member had been re-employed to work as member of bank staff. We drew to the manager's attention that the staff member's recruitment paperwork and contract of employment did not reflect this. They acknowledged this was correct.

One staff member whose file we looked at had a previous conviction. There was no documented evidence that the provider had assessed and mitigated the level of risk this posed to people who lived at the home prior to their employment. We asked the manager about this. They acknowledged that no risk assessment was undertaken. There was also no documented rationale as to why, despite having this information, the provider had considered the staff member safe and suitable for the position in which they were employed.

These incidences were a breach of Regulation 19 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014 as the provider had not taken reasonable steps to ensure that staff were safe and suitable to work at the home.

On the day of our visit, we found that both Lear House and its annexe, Elliot House were clean, warm and of a good standard. Part of the home and the annexe, Elliot House had been refurbished with new carpets and furniture and the home had a bright, homely feel. The home's gardens were safe for people to use and were well maintained.

The home's utilities and services, including gas, electrics, heating, fire alarm, fire extinguishers had all been inspected by external contractors competent to do so. They all conformed with the required safety standards. We saw however that Elliott House's electrical system had been inspected as unsatisfactory in May 2014. This had been brought to the provider's attention at the last inspection in December 2015 and shortly after the previous inspection, the provider had confirmed that the system's faults had been resolved. On this inspection, we checked Elliot House's electrical certificate again. We found Elliot House did not have an up to date certificate in place to show that the system had been re-inspected as safe and fit for purpose. We drew this to the manager's attention. They told us they would ask the provider to forward the certificate to The Commission after the inspection. At the time of this report, no certificate has been received from the provider but they forwarded us a copy of an email from the electrical contractor responsible for completing the required works which confirmed they had been completed.

All of the people we spoke with said that they felt safe at the home. One person they had "No problems" with regards to feeling safe. Another told us that the home had "Good staff".

We saw that the provider had a policy in place for identifying and reporting potential safeguarding incidents. The policy identified the external organisations staff should contact in the event of an allegation of abuse being made, but failed to provide staff with any contact details on how to get in touch. This was brought to the manager's attention at the last inspection in December 2015 but the policy had still not been updated. We spoke with two staff members about safeguarding. One staff member told us they had not yet had safeguarding training. The other member of staff had a basic understanding of safeguarding but was unable to tell us which external agency (social services safeguarding team) they should report potential abuse to in the first instance.

No safeguarding notifications in relation to the people at the home had been submitted to The Commission since the home registered in 2010. We checked that this was correct with the manager. The manager told us no safeguarding incidents had been reported by people who lived at the home, relatives or staff.

We reviewed accident and incident records and saw that staff undertook prompt and appropriate action after an accident and incident occurred to ensure people had the support they required. Accident and incident records were completed appropriately and monitored by the manager.

Staffing levels at the home were adequate to meet people's needs. People were assisted promptly and pleasantly by staff and people received supported that was compassionate and patient. Staff were

unrushed in the delivery of care and we saw that staff had the time to sit and chat to people as well as support them with their personal care needs.

Is the service effective?

Our findings

We saw that people had access to drinks and snacks in between meals and that the meals served at mealtimes were of an ample portion size and people were offered additional portions by staff. People we spoke with told us the food they received was good quality and that they had a good choice of what to eat and drink. One person told us the food was "Very good, very tasty". Another told us that they could "Have what they liked" to eat and drink.

During our visit, we checked that the needs of people with special dietary requirements were met. We also checked that people who were at risk of malnutrition had these risks effectively managed. We found that improvements were required. We found that there was some information in people's care plans about their special nutritional needs. For example, some people had diabetes, others needed fortified and modified diets to maintain their weight. This information however was limited and some people's nutritional care plans did not contain up to date guidance on their dietary care..

Some people had letters in their file from the community dietician in which staff were given clear and specific professional advice on how to manage each person's dietary risks but people's care plans had not been updated with this advice. It was also unclear, in some instances, if the professional advice was still valid, as some people's letters from the dietician dated back to 2015.

When we asked staff about people's nutritional needs and risks, we found they were unable to tell us in any detail what they were and how they were to be managed. Staff in the kitchen had no written information on people's special dietary requirements and when asked failed to demonstrate they had sufficient knowledge of which people at the home this applied to.

For example, we were told by kitchen staff that one person whose care file we looked at was diabetic, when they were not. Care staff when asked, also failed to demonstrate that they knew this person's dietary requirements in any depth. Kitchen staff also told us that another person whose care plan stated that their drinks were to be fortified with double cream and milk powder at all times, did not require fortified drinks. These examples showed that staff did not know people's nutritional needs in order to protect them from weight loss and malnutrition.

One person whose care file we looked at, had experienced recent weight loss and a reduction in their appetite. Staff were advised to monitor the person's dietary intake on a food and drink chart. We looked at a sample of these charts. We saw that although the amount of food and drink was recorded, there was no information given to staff on what dietary intake was sufficient for the person to maintain a healthy weight. There was also no evidence that the person's daily intake was monitored in anyway by staff or the manager to enable them to be assured the person was eating and drinking enough. Records showed that on some occasions no food and drink was recorded as being given or offered to the person after teatime until the next day. This meant there was a risk that the person had not had anything to eat or drink for a substantial period of time. This did not show that the person's risk of malnutrition was appropriately managed.

These incidences were a breach of Regulation 14 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014 as the provider had not taken reasonable steps to ensure that people received suitable nutrition and hydration to meet their needs.

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).

At our last inspection in December 2015, we found that where people had dementia or short term memory loss which may have impacted on their ability to make informed decisions, the provider had not followed the Mental Capacity Act 2005 (MCA) to ensure people's legal right to consent was protected. This was a breach of the Regulation 11 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

During this visit, we checked again 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. We found that following our last inspection, appropriate action had been taken by the provider to ensure that people's legal right to consent to their care was obtained.

Three of the people whose care files we looked at lived with dementia or short term memory loss and two people were subject to deprivation of liberty safeguards (DoLS). We found that where a person's capacity to make a specific decision was in question, the MCA had been followed to ensure that people's capacity to do so was assessed appropriately.

Where the provider was concerned that people's capacity to keep themselves safe outside of the home was impaired, the risks in relation to this had been assessed and the person's capacity to understand these risks assessed. Where people's capacity assessments demonstrated that the person lacked capacity to keep themselves safe, the manager had applied for a deprivation of liberty safeguard appropriately in accordance with the law.

We looked at staff training records. We saw that staff had access to regular training opportunities. Training was provided for example in safeguarding, moving and handling, the safe administration of medication, dementia awareness, first aid, food hygiene, dementia, mental capacity, deprivation of liberty safeguards and end of life care.

We saw that only a small number of staff, nine out of 35 (25%) staff had completed training in nutrition in 2014 and 2015. No further training was recorded as being provided since to this date. After our visit and the concerns we raised with the manager about the lack of staff knowledge on people's nutritional needs and dietary requirements, the manager emailed The Commission to advise that they had arranged for in-house nutritional workshops to take place with to improve staff knowledge.

Staff files showed that staff received an annual appraisal and regular supervision by the manager. This demonstrated that there were systems in place to ensure staff members were appropriately supported in their job role.

Is the service caring?

Our findings

We observed staff supporting people with their day to day needs throughout our visit. We saw that staff were kind, attentive and caring towards the people they cared for. People we spoke with confirmed this. Their comments included "We have good staff. You want for nothing"; "Staff are lovely" and "Oh yes, they are very kind".

From our observations, we saw that when staff spoke with people, they approached them in a calm, gentle manner. It was obvious that staff had good relationships with the people they cared for and clear that people were relaxed and content in their company. We saw that staff had a laugh and a joke with people and that they took the time to sit and chat with people about everyday things and offered kind reassurance when people became anxious or upset.

For example, we observed one person become visibly upset. A staff member attended to them immediately. They sat quietly with the person and chatted with the person about their family and reminded them of the family's recent visit to the home. This interaction was unrushed and natural and showed that the staff member cared about the person's emotional well-being.

People looked smartly dressed and well cared for. We saw from people's care files that they were supported to maintain their own identity by choosing their own clothes, decorating their room as they wished and being supported to live their life at the home as they wanted.

People we spoke with told us their privacy was respected and we saw this to be the case. For example, we observed that staff knocked on bedroom doors and waited for consent to enter before they proceeded and people who required support to use the toilet were prompted discreetly.

We saw that people's rooms were spacious and reflected people's preferences and lifestyles. Some of the communal spaces and people's personal rooms contained features that supported people who lived with dementia to maintain their independence. For example, there were raised toilet seats of a different colour to the toilet basins to help identification, automatic lighting in some of the en-suite bathrooms and the door to some people's bedrooms were painted a contrasting colour with the person's photograph on the door to enable them to recognise their own bedroom easily.

We saw that people's care plans gave staff some guidance on how to promote each person's independence. For example, information was provided to staff on how to support people's mobility and promote their safety when accessing the community independently. This information could have been improved with greater detail about what they could do independently in terms of their personal hygiene care and how staff could support them to maintain these skills.

Where people had a DoLS in place, guidance was available within their care plan to advise staff on the actions to take in the event that the person died suddenly. We noted however that information in relation to people's wishes in relation to their end of life care was limited. This meant there was a risk that the staff

would not know what this person's wishes were should their health decline. We saw that staff had attended training in the provision of end of life care to ensure they had the skills and abilities to meet people's needs during this time. The majority of this training however was over two years old which meant staff knowledge could be out of date.

Information was provided to people and their relatives on a notice board in the reception area, just outside the dining room. This included a copy of the service user guide. People we spoke with told us they felt able to approach any member of staff to discuss any issues regarding their care and told us that all staff and the manager were approachable.

We noted that regular residents' meetings took place where people were able to express their views and suggestions about the running of the home. We reviewed the minutes of the meetings that took place in September 2016 and February 2017. The minutes of the meetings showed that people were encouraged and enabled to be involved in their care. People's satisfaction with the support they received was checked and people's views on the activities and menu options provided, was sought. This demonstrated that the service cared about people's opinions of the service they received.

Is the service responsive?

Our findings

People we spoke with told us that staff responded to their needs and calls for assistance in a timely and responsive manner. They said they were well looked after and that they were pleased with the support they received. One person told us "Staff are very nice...They feed us, bath us and put us to bed. What more do you want?" Another person told us "I give them full marks". A third person told us that staff came quickly when they pressed their call buzzer for help and always contacted the doctor quickly if they became unwell.

Appropriate arrangements were in place to assess the needs of people prior to admission to ensure that the service was able to meet their needs. Following their admission we saw that each person had a care plan based on their identified needs which gave staff brief information on how these needs were to be met. Areas covered included personal care, mobility, skin integrity, falls, nutrition, continence, communication and cognition

During the inspection however, we found that people were at risk of not receiving the care and treatment they needed and preferred because care records were not always accurately maintained. For example, one person's care plan stated that staff were to encourage the person to walk short distances with their zimmer frame to promote their mobility. On the day of our inspection, we saw that this person was routinely moved via wheelchair even if the distances the person had to travel were short. For instance, from the communal lounge to the dining room.

One person's care file contained conflicting information about how this person's dementia affected their behaviour. Some sections of their care plan indicated they experienced behaviours that sometimes challenged, other sections stated no challenging behaviour was experienced. During our visit, we saw that this person sometimes became agitated and shouted out at others. We saw that the person's care plan simply advised staff to remind the person that this behaviour was not acceptable. Although staff were patient with the person when these episodes occurred they had no care plan guidance on how to support this person's emotional and behavioural needs when they became distressed.

Doll therapy was used by some people who lived at the home. Doll therapy has been shown to soothe and comfort some people who live with dementia. During our visit we saw that one person was supported with doll therapy. We saw that staff ensured the person's doll was involved in the person's daily activities, such as the person's mealtimes. Staff talked to the person about their doll throughout the day and treated it with dignity and respect. This promoted a series of positive interactions with the person. This was good practice. When we looked at the person's care file however, it contained no information about the doll therapy in use, why it was important to the person's well-being and gave staff no guidance on how the doll could be used to provide person centred care.

We found people's care plans were focussed on the care tasks to be provided rather than a personalised approach to support and there was little information about people's preferences, likes and dislikes and wishes in relation to their care.

We saw that some information in people's care files was regularly reviewed but other information was not. We also found that people's care plan information had not always been consistently updated to reflect people's changing needs. This meant staff did not have clear and accurate information about people's needs, wishes and care at all times.

We found as a result of these issues, people were placed at risk of not receiving care that met their needs and preferences because an accurate, complete and contemporaneous record of each person's care and treatment had not been maintained. This was a breach of Regulation 17 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014

We saw that the service was responsive when people required access to other healthcare professionals in support of their health and wellbeing. For example, district nurses, dieticians, occupational therapists and GPs. Records also showed that people were supported to attend routine health appointments to maintain their wellbeing such as dental, chiropody and optical appointments.

Where people had been assessed as requiring specialist equipment to maintain their well-being this had been provided. For example, pressure relieving mattresses were in place for people at risk of pressure sores. Sensor mats and wrist alarms were provided to people at risk of a fall and riser recliner chairs were provided to help people with mobility problems from a sitting to standing position in addition to other mobility aids such as zimmer frames, wheeled rollators and wheelchairs. This showed that the service was responsive when people needed additional support to maintain their health and safety.

Group activities were offered at the home and these were advertised on the noticeboard outside of the dining room. People we spoke with told us that there were lots of activities to join in with, if they wished to do so. On the days we visited we saw that people enjoyed a sing a long, chair based exercises and a quiz. These activities promoted people's social and emotional well-being.

People told us they knew how to complain and felt comfortable speaking to staff or the manager if necessary. None of the people we spoke with had any complaints or concerns about their care. One person told us "Can't complain about anything". Another person when asked if they had any complaints or concerns replied "None at all".

We saw that complaints information was displayed on the noticeboard and available in the service user guide. The complaints information provided to people however differed from the policy we were given in the provider's policy and procedure file. Timescales for the provider's response to the complaint differed and no contact details for the Local Authority who fund people's care were provided so that people could contact them to discuss any concerns about their care.

We asked the manager about any complaints received. They told us no formal complaints had been received since our last visit. They provided us with the home's complaints book which provided details of any minor verbal complaints received and the action taken. No complaints about the service had been received since 2015.

Is the service well-led?

Our findings

We checked to see what arrangements were in place to monitor the quality and safety of the service provided. We saw that the manager had a range of regular audits for this purpose. This included an audit of accident and incidents, health and safety, environmental audits, equipment audits and medication audits. We found that none of the audits completed by the manager were effective in identifying the areas of concern we had found during our visit.

There were no adequate systems in place to ensure care files contained accurate, complete and contemporaneous information about people's needs, care and preferences. When we asked the manager about care file audits, they told us that no regular audits were undertaken but care plans were looked at when people's care was reviewed. We found little evidence however that this was the case as the care plans and risks assessments we reviewed were inaccurate and out of date. Daily records and documented notes in relation to people's professional or medical advice was too brief to be of any use to staff and in most instances the notes were difficult to read due to the quality of the handwriting. This placed people at risk of receiving unsafe and inappropriate care.

The provider's health and safety, environmental audits and fire safety arrangements failed to pick up on the fact that the fire procedure placed people at serious risk of harm in the event of a fire. People's individual emergency evacuation information was poor and failed to safeguard them against potential risks in an evacuation situation. This did not demonstrate that there were effective systems in place to protect people from potential harm. The provider's audits also failed to identify that the actions specified by the provider's Legionella risk assessments were not always followed appropriately.

The provider's medication audits failed to pick up that some medication stored in the medication trolley had not been documented or returned to the pharmacy appropriately if not required. They also failed to identify that some people had prescribed creams in their rooms without appropriate risk assessment and management procedures being followed in relation to self storage and administration.

There were also no adequate systems in place to ensure staff were recruited safely. Concerns were raised with the manager during the inspection with regards to the lack of verified previous employer references, a lack of a suitable contract of employment for one staff member and a lack of effective recruitment practices that ensured people employed were safe to work at the home.

These shortfalls in the provider's governance systems were a breach Regulation 17 of the Health and Social Care Act., They showed that the way the service was managed required improvement to ensure that was safe, effective, caring, responsive and well-led care was provided.

On the day of our visit, we observed the culture of the home to be open and inclusive. During our visit we found the manager and staff to be open, approachable and compassionate with regards to people's care.

Staff were observed to work well together as a team and were observed to have warm, supportive relations

with the people they cared for. Staff we spoke with felt supported in the workplace and said the home was well run. Everyone we spoke with was positive about the care they received and said they were happy living at the home. This demonstrated that there were aspects of the service that were well-led.

We saw that the provider had undertaken a satisfaction questionnaire but the information in relation to this was unclear and confusing. For example, the survey was called 'relatives survey' but the results from the survey referred to the people who had responded as 'residents' which suggested that they were people who lived at the home as opposed to relatives. It was unclear therefore to whom the surveys had been sent and to whom the results belonged to. The actual results of the survey were also confusing. We could see that the overall outcome of the survey was positive but the individual results for each question asked on the survey added up to more than 100 points. It wasn't clear if these figures were percentages so we could not determine how the scores had been worked out. There was no evidence that any follow up action had been taken in relation to the survey undertaken and no evidence that the survey results had been used to plan for continuous improvement.

At the end of our visit, we discussed some of the concerns we had identified with the manager. We found them to be receptive to our feedback. After our visit, the manager emailed The Commission to advise of some of the improvements to the service they had already commenced.

This section is primarily information for the provider

Action we have told the provider to take

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

Regulated activity	Regulation
Accommodation for persons who require nursing or personal care	Regulation 14 HSCA RA Regulations 2014 Meeting nutritional and hydration needs The provider had not ensured people's nutrition and hydration needs were met and nutritional risks managed.
Regulated activity	Regulation
Accommodation for persons who require nursing or personal care	Regulation 17 HSCA RA Regulations 2014 Good governance The provider had not ensured that an accurate, complete and contemporaneous record of people's needs, care and treatment had been maintained. The provider did not have effective systems in place to assess, monitor and mitigate risks relating to the health, safety and welfare of people who lived at the home.
Regulated activity	Regulation
Accommodation for persons who require nursing or personal care	Regulation 19 HSCA RA Regulations 2014 Fit and proper persons employed The provider did not have effective recruitment procedures in place which ensured that persons employed were safe and suitable to work at the home.