

# Selborne Court Res Home

# Selborne Court

## Inspection report

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## Ratings

Overall rating for this service

Requires Improvement ●

|                            |                        |
|----------------------------|------------------------|
| Is the service safe?       | Good ●                 |
| Is the service effective?  | Good ●                 |
| 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 Selborne Court on 16 and 24 August 2016.

Selborne Court provides personal care and accommodation for up to 20 older people. There were 17 people living at the home when we visited.

A requirement of the service's registration is that they have a registered manager. A registered manager is a person who has registered with the Care Quality Commission to manage the service. Like registered providers, they are 'registered persons'. Registered persons have legal responsibility for meeting the requirements in the Health and Social Care Act 2008 and associated Regulations about how the service is run. A registered manager was in post at the time of our inspection but they were not available during our visit.

At our previous inspection on 8 September 2015, we found the provider was not meeting the required standards. This was because people did not receive person centred care, it was not clear what staff training had been completed and some of the management processes were not effective in monitoring the quality of the care and services provided. As a result of the required standards not being met, there were two breaches of legal requirements. The impact this had on people who lived at Selborne Court meant we rated the key question of 'Effective', 'Responsive' and 'Well Led' as 'Requires improvement'. You can read the report from our last comprehensive inspection by selecting the 'all reports' link for 'Selborne Court on our website at [www.cqc.ork.uk](http://www.cqc.ork.uk).

As the provider had not complied with the required standards, we asked them to take the necessary actions to improve. Following our last inspection the provider sent us an action plan telling us how they were going to do this. During this inspection we checked to see if sufficient action had been taken to improve and address the breaches in the regulations. We found some improvements had been made but these were not sufficient in regards to management processes. Therefore there was a continued breach of the legal requirements. You can see what action we told the provider to take at the back of the full version of the report.

The provider did not have sufficient systems and processes in place to assure themselves that people living at the home received a consistent good quality service that met their needs. Quality monitoring systems had not been fully developed. People were not given opportunities to provide their opinions of the service and share their experiences. There was a lack of effective audit processes to ensure improvements to the service were identified and acted upon in a timely manner, for the benefit of people who lived there. Communication systems across the home were not always effective to ensure staff were kept up to date with issues relating to the operation of the home. Care records were not always clear to demonstrate risks associated with people's care were being address effectively.

Some work had been undertaken to develop person centred care plans so that staff had clear information

about people's interests and personal preferences about how they wished their care to be delivered. However, we found this information was not always being used to deliver person centred care. For example, ensuring people's interests were pursued and opportunities were made available to them in relation to their social care needs. Sometimes information gathered about people was not used to enhance their daily lives.

Action had been taken to increase the choices made available to people at mealtimes and people were positive about the food provided. Further improvements were planned in regards to menus and choices.

People received their medicines as prescribed and these were administered by care staff who had completed medicines training.

Staff had completed essential training such as moving and handling people and first aid to support them in their role. Training was completed by staff on an ongoing basis and people felt their care needs were being met by suitably trained staff.

The provider had introduced a new training system that was computerised so that they could monitor staff training completed and ensure staff continued to develop their skills and knowledge. Staff understanding of the health and social care standards and regulations had improved. Staff had also completed training to increase their understanding of the Mental Capacity Act 2005 (MCA) and Deprivation of Liberty Safeguards (DoLS).

Staff felt supported by the manager and provider. There was a consistent staff team at the home with some that had worked there for many years. This ensured people were supported by staff who they were familiar with.

People were happy with the care they received and there was a relaxed and homely atmosphere within the home. People told us that staff respected their privacy and dignity when delivering care and we saw this happened. Staff took time to assist people with their personal care needs so that people did not feel rushed.

All the people we spoke with told us they felt safe at the home. Staff knew how to recognise abuse and told us they would report abuse if they observed this happening. There had been no safeguarding incidents that had occurred in the home.

All the people we spoke with told us they were able to access a doctor if they needed one. They told us staff would make an appointment for them. We records that confirmed health professionals visited the home to see people when needed. This included physiotherapists, chiropodists and opticians.

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

We always ask the following five questions of services.

### Is the service safe?

Good ●

The service was safe.

People told us they felt safe and there were sufficient numbers of suitable staff employed at the home to support people's needs. Staff understood how to recognise abuse and their responsibility to report any concerns regarding this to their manager to keep people safe. People received their medicines as prescribed and staff had a good understanding of the risks associated with people's care.

### Is the service effective?

Good ●

The service was effective.

Staff had received training to meet people's care, support and health needs. People received food and drink of their choice in order to meet their nutrition and hydration needs and had access to healthcare when required. Staff understood the principles of the Mental Capacity Act.

### Is the service caring?

Good ●

The service was caring.

Staff were caring and engaging towards people and staff supported people to be independent with some aspects of their care. People felt their privacy and dignity needs were met. Visitors told us they were made to feel welcome at the home.

### Is the service responsive?

Requires Improvement ●

The service was not consistently responsive.

People were involved in planning their care and some of the care records had been reviewed to reflect person centred care. People were not given regular opportunities to pursue their hobbies and interests and some practices within the home were not person centred. There had been no formal complaints received by the service and most people told us they were happy with their care.

**Is the service well-led?**

The service was not consistently well led.

Improvements to quality monitoring systems and processes were ongoing which meant there were limited opportunities for people and staff to influence decisions and drive improvements within the home. Staff felt supported by the provider and registered manager.

**Requires Improvement** 

# Selborne Court

## 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 16 and 24 August 2016 and was unannounced. The inspection was carried out by one inspector.

We reviewed the information we held about the home. We looked at information received from agencies involved in people's care. There had been no concerns received by any agencies. We analysed information on statutory notifications received from the provider. A statutory notification is information about important events which the provider is required to send us by law. These can include safeguarding referrals, notifications of deaths, accidents and serious injuries. We considered this information when planning our inspection of the home.

The provider completed a provider information return (PIR). This is a form that asks the provider to give some key information about the service, what the service does well and improvements they plan to make.

We looked at two people's care records in detail, we also viewed other care documentation such as people's daily records of care, food and fluid charts and medication records. We looked at the complaints file, accidents and incident records and policies and procedures used by staff. We completed observations during the day including at mealtimes in the lounge/dining area to see what people's experiences of the home were like.

We spoke with six people, two visitors and six staff members.

# Is the service safe?

## Our findings

People told us they felt safe living at the home and felt at ease with the regular group of staff who supported them. They told us this was due to Selborne Court being a small home. One person told us, "It's the general surroundings and how it is run" (that made them feel safe). There was a relaxed and calm atmosphere in the home and the relationship between people and the staff was friendly.

Staff understood they had a responsibility to protect people from abuse and knew about the different types of abuse and what signs to look for. They told us they would report any concerns to the registered manager. One staff member said abuse was, "Thieving, physical abuse" and went on to say, "I would report it to the manager if I saw anyone being hit or if residents were bickering I would report it."

There had been no concerns regarding abuse at the home. Staff knew there were policies and procedures for them to refer to should they have any concerns and were aware of the need for any suspected abuse to be reported to the local authority safeguarding team.

The provider's recruitment process ensured risks to people's safety were minimised. Records showed new staff underwent an application and interview process so the registered manager could check their skills and experience. There were processes in place where the registered manager checked the identity of staff and their right to work. They also obtained references from their employers and checked whether the Disclosure and Barring Service (DBS) had any information about them. The DBS is a national agency that keeps records of criminal convictions.

The registered manager assessed risks to people's individual health and wellbeing such as the risk of falls. The advice of health professionals was sought so that risks could be managed effectively. Risks associated with people's care were identified in risk assessments and care plans with instructions for staff to follow to minimise risks.

Staff told us about one person who was cared for in bed and was at risk of developing sore areas on their skin. Staff told us the person had been provided with a specialist mattress to reduce the risk of this happening. The person's care plan stated "Carers are to encourage [person] to alter/change their position on regular basis to maintain their pressure areas and reduce any potential risk of infection." Staff told us they did this and advised the person also repositioned themselves to reduce the risk of them developing pressure ulcers or sores. This demonstrated staff were taking the actions necessary to make sure the person's needs were met in relation to pressure relief.

We saw when one person had been sitting in a chair for a long time, a staff member asked them to stand to help relieve the pressure on their skin and prevent skin damage. People at risk were sitting on pressure cushions which demonstrated action had been taken to obtain the equipment needed to minimise risks to people's health. Those people at risk of falling were supported by staff to stand up from chairs and move around the home safely. For example, one person attempted to carry a handbag, carrier bag and walk with their frame. Staff offered to carry the person's bag so they could concentrate on using the frame without

falling.

Staff told us they shared any information of concern about people to staff starting the next shift to ensure any risks associated with their care were managed. Following our last inspection the registered manager had taken action to introduce new "handover sheets" so that a record of discussions was kept. This helped staff to be kept informed of changes affecting people's health and welfare.

Personal emergency evacuation plans (PEEPs) were available for each person in the home and were kept near to the emergency exit so these were accessible to the emergency services if needed. Staff were aware of what to do to keep people safe if the fire alarm should sound and where to meet outside of the home. We did not see there was a written fire procedure for staff to follow based on the fire policy. Staff were not aware of any contingency plan being in place for them to follow in the event of an emergency which meant they could not re-enter the home and they said this was something they would discuss with the registered manager. There was some information within the fire risk assessment that required updating. For example, reference was made of staff being trained in the use of firefighting equipment once a year but according to staff this had not happened which suggested some of the actions in the fire risk assessment were either no longer relevant or not followed. The senior care staff member advised this would be clarified with the registered manager upon their return from leave.

People told us their care needs were met by staff and most of the time there were enough staff available to support them. People told us, "Yes there appears to be (enough staff), if I need them, yes they are available" and "Yes, I think so (enough)." A visitor told us, "Personally no, because when I have been here during the morning sometimes I think there is not enough staff." Staff told us each day was different and on some days they could be more challenged than others. Some of the challenges that staff faced was undertaking ancillary duties such as laundry and cooking in addition to their caring duties. Staff told us they felt there were usually enough of them to keep people safe and meet their care needs. They told us, "There is always two or three, it seems to be fine as far as staff are concerned" and "The majority of the time yes." We observed that during the morning staff were particularly busy assisting people with personal care and escorting them to breakfast but people's basic needs were met. Our observations of the rest of the day concluded there were enough care staff on duty to meet people's needs.

We found that equipment around the home was regularly checked and serviced to ensure it remained safe for people to use. This included the bath hoist, hospital beds and electrical appliances. Records we viewed confirmed safety checks had been carried out within the required timescales.

People told us they received their medicines as required and we saw that medicines were being safely administered to people. Staff checked medicines prior to administration to make sure people received them correctly. They also made sure people swallowed their medicines before signing records to confirm this. The registered manager stated in the Provider Information Return (PIR) submitted to us prior to our inspection, "All care staff are medication monitored, trained and supervised on a regular basis to continue to promote good practice." This was confirmed when we spoke to staff. They told us they had completed training in medicine management to make sure they could administer them safely. They said their competence was checked during observations carried out by the registered manager.

Medication administration record (MAR) sheets had been completed accurately to show that people had received their medicines as prescribed. However there was one medicine record that required two staff to sign due to the strength of the medicines and this had not been signed as required. The senior care staff member stated they had given the medicines and this was their error. They corrected this during our visit. Where people had been prescribed medicines "as required" such as pain relief tablets, staff had recorded



the amount given so that the person was not given in excess of the advised safe amount. We noted that staff also completed daily counts of medicines to compare them with records to help confirm medicines were being managed appropriately.

Medicines were stored in a medicines trolley which was stored in a locked room when not in use to keep them secure and prevent any unauthorised access. Staff took daily temperatures of the room and medicine fridge to ensure medicines were stored at the correct temperature to keep them effective.

## Is the service effective?

### Our findings

People received care from staff who had the skills and knowledge to meet their needs effectively. People and visitors told us they felt the staff were suitably trained. They commented, "I think they are well trained" and "From what I have seen, they seem to adjust to whatever type of residents they have. They are all from different backgrounds and they seem to be able to deal with that."

Following our last inspection the provider had taken action to introduce a new training package so that staff could update their skills and knowledge. Staff told us there were around 18 modules to complete and they were therefore working through these. Training included how to move people safely (moving and handling); infection control; fire safety; and first aid. We saw a training matrix that confirmed the training completed by staff. This showed the majority of staff had completed most of the training required by the provider. Staff were positive about the training they had completed.

Induction training was provided for new staff and this involved them working alongside more experienced staff members. They did this for a period of time to help them develop the required level of skills and knowledge to support people safely. A new staff member told us they had been shown around the home and had been introduced to people before providing care. Training they completed was based on the 'Skills for Care' Care Certificate. The Care Certificate is expected to help new members of staff develop and demonstrate key skills, knowledge, values and behaviours, enabling them to provide people with safe, effective, compassionate, high-quality care. During our last inspection staff were not clear about actions they could take to ensure people received person centred care. During this inspection staff had a clearer understanding of this.

All staff had supervision meetings with the registered manager to discuss their ongoing work performance. These meetings provided staff with an opportunity to discuss personal development and training requirements. We asked staff if they found them helpful. One staff member said they had supervision "every few months" and spoke positively about them. They told us "I think they would be helpful for some people, I don't have an issue about saying what I feel. I think it's a good thing." Another staff member said they had received supervision where they had been observed when supporting a person with care. They told us, "Yes I have had a couple, a bathing supervision and medication. They watched me and they said everything was fine."

During our last inspection we found staff lacked understanding of the Mental Capacity Act 2005 (MCA) and Deprivation of Liberty Safeguards (DoLS). 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. We found since our last inspection staff had completed training which had helped them to have a better understanding of the principles of the Act.

One staff member told us, "It's never assuming someone lacks capacity if they do and they are unable to make a decision for themselves you need to make a decision in their best interests and not what you think yourself." When we asked staff what they would do if someone wanted to leave the home that may be at risk due to lacking capacity, they told us they would go with the person but would not restrict them from leaving. They told us nobody had asked to leave and we did not observe anyone wishing to leave during our visit. There had been no DoLS applications made to the LA for authorisation at the time of our visit.

People said the food was good and action had been taken following the last inspection to ensure people had a choice. We saw there was a menu board with two choices of main meal at midday and we saw both meals were offered and looked appetising. However, we established two choices were not necessarily provided every day. Staff confirmed this and said this had been partly due to food waste. They stated that they tried to make sure that the meals provided were what people enjoyed. There was no set menu and we were told that this was something that was planned. This included ensuring a review of meals to ensure they were nutritionally balanced.

We asked people if they liked the food provided, one person said "Good, we have different meals, everybody has puddings that are different. There is one main meal and if you don't like it they give you something else." Another person said, "The meals are good enough, they are simple English meals" which they went on to say they enjoyed. Staff approached one person and advised them their relative had made one of their favourite meals. They asked the person if they wanted this at lunchtime and they said they would. We saw the person received this demonstrating staff carried out people's requests.

People were involved in decisions about where they sat and what they had to eat and drink to help ensure they enjoyed mealtimes. Staff asked people if they would like to have their meals in the dining room or lounge area. People who needed assistance to mobilise were supported to the dining area to eat their lunch. The dining area had limited space for tables for everyone but people were asked where they wanted to sit. Some people remained in the main lounge area and ate their lunch from small tables placed in front of them. Those people who preferred to eat in their rooms or were being cared for in bed had their meals taken to them on trays.

At breakfast time, one person chose to stay in their lounge chair and have breakfast and staff respected their wishes. Staff greeted another person stating, "Morning [person's name] are you ready for your breakfast? Are you coming to the table? Where do you want to sit? Choose your seat and I will get you something to eat." They asked, "What would you like to eat? Cereals, fruit, toast, brown or white, do you want jam or marmalade?" This demonstrated choices were provided and helped to ensure people preferences were met.

We saw one person was at risk of choking and had been assessed by a Speech and Language Therapist (SALT) so that advice was sought on food and fluids the person could consume safely. We saw they had been prescribed a fork mashable diet and thickener in their drinks. However, when we read the person's food charts we saw their foods were not always fork mashable. We later established that the records had not been updated following more recent advice provided by the SALT to show the foods provided were acceptable. The senior care staff member said this was an error but they were following the correct guidelines. The records were updated during our visit.

The registered manager had introduced food and drink charts to monitor what people had consumed if they were at risk of not eating and drinking sufficient amounts to maintain their health. The senior care staff member told us they took advice from the dietician when needed. They told us any changes in how food and fluids were managed, were shared with all staff to make sure advice given was followed. They said the registered manager usually made any necessary changes to the care plans for staff to follow.

People had access to health professionals when needed. All the people we spoke with told us if they needed a doctor the staff team would make an appointment for them. Records confirmed health professionals visited the service to support people's needs when concerns about their health were identified. This included physiotherapists, chiropodists and opticians. One person told us, "If you fall ill, they always get the ambulance to people." Another said, "The doctor comes here. If you are not well, you are the one they come to see." A visitor told us, "They are pretty good with the doctor they get the doctor in within the day." This demonstrated staff took the necessary action to contact health professionals to support people's needs.

## Is the service caring?

### Our findings

People were positive in their comments about living at Selborne Court. People and visitors told us, "[Person's name] gets on very well with the girls (staff), we get no trouble from them," and "They are very nice people you cannot fault the staff they are very caring and very kind, I have never heard a rough word to anybody." There was a relaxed and homely atmosphere which one person told us they liked about the home. Staff had formed good relationships with people and we saw that they interacted with people in a friendly and respectful manner. For example, one person asked for assistance to be taken to the toilet. A staff member responded, "Why don't you leave your bags there [Person] then they won't weigh you down" they went on to say, "We have two lots of toilets you can use. If you need to go quick I will show you." Another staff member said to a person when assisting them, "Do you want to hold my arm or are you alright."

A relative told us how they observed staff were caring and respectful towards a person they saw being assisted with meals. They told us, "I have walked in on them when they are feeding [person] breakfast, they were feeding [person] really nicely. I have seen other caring examples in the way they talk to people. They are all really good, even to me, they always make me a cup of tea."

The Provider Information Return told us, "With being a small private home care provider, all staff have plenty of time to get to know and understand each individual resident, which allows time for all parties to grow, build good working relationships to promote independence and general wellbeing for all." We found this to be the case. Some of the staff had worked at the home in excess of ten years, this included the registered manager. This meant people had a consistent group of staff who knew them well. We saw people had built positive relationships with the staff that supported them.

People's birthdays and special occasions were celebrated. One staff member told us how they made sure people had a birthday cake and said sometimes they also had a "party tea" to celebrate the occasion which people enjoyed.

People told us care staff treated them with respect and dignity and promoted their independence. One person told us, "They turn the bed back at night for me and draw the curtains." We found people's privacy and dignity was maintained most of the time. We found two exceptions. We noted that one person had no toilet door on their ensuite in their room which they did not feel comfortable about and wanted replacing. We identified this had been missing for at least two weeks. Staff were aware of this but did not know when this was due to be addressed. The senior care staff member agreed to follow this up with immediate effect to ensure it was replaced. We also identified that one person had been wearing another person's clothes due to problems with the laundry service. The senior care staff member told us that action would be taken with immediate effect to address this with the registered manager and provider to ensure this issue did not remain ongoing.

Staff told us how they maintained people's dignity and privacy. For example, in the double rooms they explained how they used a dividing curtain when delivering personal care to people. One staff member told

us, "There is a curtain to pull across and we tell the people (in the room) that.... I do ask [person] and [person] what they want." This was to ensure their choices were respected.

Arrangements were in place to ensure that when people passed away, a staff member was available to attend the funeral wherever possible. This was to show their respect and support families.

## Is the service responsive?

### Our findings

At our comprehensive inspection on 8 September 2015 we found the provider did not ensure that people received person centred care. People were not sufficiently involved in decisions about their care to ensure the care provided was in accordance with people's needs, preferences and wishes. This was a breach of Regulation 9 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014 Person Centred Care. At this comprehensive inspection on 16 and 24 August 2016 we found the provider had made some improvements to meet shortfalls in relation to the requirements of Regulation 9. However, there remained areas that required additional improvement.

During our last inspection when we arrived at around 8am we saw the majority of people were up. People had told us it was not necessarily their choice. We found this was also the case at this inspection. People told us they felt obliged to be up because breakfast was served at 8am. Comments included, "If I said I didn't want to get up, they would ask why. If I had a choice, I would get up late." Another told us they felt they needed to get up because of breakfast. When we checked one person's care plan it stated they liked to get up at 8.30am, but when we asked a staff member about the time this person liked to get up, they told us "after 7am." This suggested information collected about people may not always be used to ensure people's preferences were met.

At breakfast time we noted cereals had been placed in bowls and sprinkled with sugar before people had made their choices. One person told us, "They put the cereals in the dishes because they know that's what they would want." They went on to say if cereal was put in the dish and people didn't want it staff would change it. Another person told us this routine varied according to which staff were on duty. They said, "[Staff member] asks if I want the same as usual, some of them it would seem they assume you want the same." This practice was not person centred as it did not take into consideration that people's choices may change on a day to day basis. When we asked one person if they could have something to eat or drink when they wanted they told us, "I suppose if you ask, you could."

We asked people and relatives if they were involved in decisions about care provided. One person told us they were although we could not establish if this was something they were asked about all of the time. The Provider Information Return (PIR) completed by the registered manager prior to our inspection told us how they planned to support people's independence. This stated, "To manage by way of supporting our individuals to exercise their individual choices, rights, recognising the balance between managing risks and enabling independence, choice and control." We saw people were supported to be independent where possible. For example, one person was able to make their own drinks independently which staff encouraged.

The registered manager had told us at our last inspection that people's needs were assessed before they started to use the service and records confirmed this had continued to happen. This was to ensure their needs could be met and to identify areas where they may need support. People told us they had been asked about their care and had been able to offer their opinions about the care planned although this did not happen on a regular basis. Comments included, "Yes I am involved (in planning care) it's been a while

since I have gone through it (care plan)." Another said, "Yes, I have read mine (care plan), you are asked what you think of it and if the information is correct." The PIR told us, "Assessments are reviewed regularly and updated as an ongoing process." This was to make sure information about people's needs remained accurate so that staff could support them effectively. We saw that care plans were reviewed regularly but it was not evident these reviews were always carried out with people who used the service or their representatives.

Following our last inspection the registered manager told us of plans to review all care plans to ensure they contained more personal information about people such as their past histories and preferred daily routines. This was to help staff in understanding people needs and to help in making sure their preferences were met. At the time of our visit, this process was ongoing. The senior care staff member stated that out of the 17 care plans, eight of them had been reviewed and the remainder were being worked on. Some of this delay had been due to the unavoidable absence of the manager from the home for a number of months. We saw the new care plans contained more detailed information.

Staff knew about people's preferences so they could support them in a way that was important to them. For example, they told us about one person who always liked to have their handbag with them and another who liked to apply their own makeup. A staff member told us, "[Person] puts on her own make up, we remind her about it and if she wants to put it on, she does." Staff also explained to us how people liked to receive their care which demonstrated they had spoken with people about their care and how they wanted to be supported.

We reviewed care plans for two people to see if there was sufficient information to show how their needs were to be met by staff. These contained more detailed information in comparison with our previous inspection to support staff in delivering care. One person was a risk of developing sore areas of their skin due to their limited ability to move around. Records showed that specialist equipment had been obtained for the person to help reduce the pressure on their skin and there were instructions for staff to regularly check the person's skin. We saw staff checked the person on a regular basis. One staff member told us "[Person] likes their sleep and so enjoys going to bed quite early and likes to rise later than fellow residents. Once settled in bed [person] generally sleeps well throughout the night." We saw staff respected this person's decision to stay in bed later. We identified this as during late morning when we were told by staff the person was asleep in their room, they explained this was the person's choice.

Improvements were still required to support people with their hobbies and interests and actions were ongoing to ensure this happened. For example, one person's "activities" plan stated "Likes best, trips out in wheelchair to feel fresh air on skin, hearing sounds of outside." However, there was no clear plan to show how this person's wishes would be supported. On the first day of our inspection it was a warm day and the sun was shining. We did not see anyone supported to sit outside. We discussed activities with the senior care staff member. They told us, "We do try, we have been asking them for ideas and have tried to bring people in ... there is a lot of music sessions, that's the best one. Some like dominoes, cards and DVD afternoons." However, one person told us they had used to play cards but this did not happen anymore. They told us, "I don't see anybody, I used to play cards, and I haven't played cards."

One person was keen on gardening and they had been supported by their relative to plant some trees. The staff member explained there had been an "in-depth conversation" with people about their daily life so they could improve the provision of activities and person centred care. They told us, "That's what we are trying to work on now ...and giving them what they want." The provision of additional social activities and outside visits continued to be explored so that people could be supported with their interests.



People in the home rarely went out on social visits unless family members took them. One staff member commented, "Nobody goes out of the home with staff anywhere. A lot boils down to funding .....staff have not always got the time to go off the floor and go out. We are looking at getting someone in separate (to help with outside visits)." Some people were content to remain within the home and not to participate in activities and staff respected their wishes. For example, one person told us, "I like being by myself, I don't like crowds of people. The only one I like to see is [relative]."

There were some established community links. This included links with schools where school children came into the home on "work experience". We were told they visited the home in the Summer and spoke with people and sometimes helped with games and activities of people's choice. We were told bell ringers visited the home twice a year.

People's religious needs had been considered and were being supported. The senior care staff member told us a chaplain visited the home on a Sunday and gave some people a blessing. They told us everyone was asked if they wanted to participate but some people were non-practising of their religion.

We found there continued to be problems with people accessing showers as identified at our last inspection. During our last inspection people could not access the showers because of mobility difficulties associated with the step into them. During this inspection the showers were not working properly. Staff confirmed this had an impact on people when they needed to be supported with personal care quickly. For example, a staff member had not been able to shower a person when they required immediate assistance during the night. They told us, "I have had to use the sink and stuff to wash the person and in the morning bath the person." We discussed this issue with the senior staff member on the first day of our visit to ask about the provider's intentions to make improvements. We were notified on the second day of our visit that action had been taken to ensure one shower in the home was working in addition to the bathing facilities. We were told most people were supported with a wash in their room or had a bath.

We looked at the accident and incident records and saw these were being regularly recorded. Where one person had fallen and sustained a fracture, action had been taken by staff to support the person to be independent again. They explained to us how staff had supported them to walk again since returning to the home from hospital which demonstrated staff had been responsive to the person's needs. We observed the person walked well with a walking aid.

We asked people if they had ever complained about their care, and how this had been managed by staff. People told us they felt able to talk to staff if they had any concerns or worries which demonstrated they had confidence their concerns would be listened to. One person told us, "Everything is alright so far." Another said, "I would tell one of the staff and then relay it to the manageress." One person told us, "There are small things that possibly could be changed. I can put up with the small things." They chose not to expand further on these. We were made aware of a concern raised about the laundry service with items of clothing going missing and a person wearing other people's clothes. The senior staff member was aware there was a problem with the laundry service and told us they had tried labelling clothes with a marker pen to help ensure clothes were returned to people. Staff told us when items were not labelled they would put them in people's rooms with the assumption they would hand them back to staff if they were not theirs. However, it was evident in practice, this did not happen. The effectiveness of the laundry service remained an issue which meant the concern raised had not been effectively resolved.

There was a "Compliments, Complaints and Suggestions" procedure which stated these should be made to the home manager. However, contact names and telephone numbers of people to be contacted were not listed. For example, there were no details of the contact details of the Local Authority complaints service or

Ombudsman should people wish to pursue their concerns with them.

## Is the service well-led?

### Our findings

At our comprehensive inspection on 8 September 2015 we found the provider had not ensured systems and processes were implemented in accordance with the health and social care standards. Effective quality assurance procedures were not in place. This was a breach of Regulation 17 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014 Good Governance. At this comprehensive inspection on 16 and 24 August 2016 we found the provider had made some improvements but there remained areas needing additional improvement which meant the breach in regulations was not fully met.

During our last inspection we were concerned that systems for checking that people received sufficient food and drinks were not sufficient. Food and fluid charts were not completed correctly to demonstrate this. There were no daily targets on the fluid charts to show how much fluid people needed to have to maintain their health. Sometimes the amount people had eaten was not indicated. We found during our inspection on 16 and 24 August 2016 that there continued to be no daily targets in relation to how much fluids people needed. We noted on viewing fluid records for one person at risk of poor nutrition that they received limited drinks. On some days this was recorded as less than two drinks all day. It was not evident that the charts were being audited to check people consumed enough food and fluids. We raised this as a concern with the senior care staff member on duty to ensure action was taken to address this. We saw that records in regards to the food people consumed had improved.

We identified that the system for the management of laundry was not effective. We could not determine from duty rotas that sufficient time was allocated to complete laundry duties to ensure they were effective. The provider had not ensured there was a system that worked effectively to ensure people's laundry was returned.

We noted that duty rotas did not contain staff roles in the home so that it was clear who the senior staff were in the home and who was in charge of the shift. It was also unclear how much time and which staff were allocated to complete ancillary duties such as cooking and cleaning to demonstrate this was consistently sufficient.

We were told that assessments of people's needs were regularly reviewed and updated but processes in place to manage these were not effective. Reviews of people's care consisted of "tick sheets" and it was not always clear what the "tick" meant and therefore what had been reviewed. This was important to demonstrate any changes in people's needs.

The senior care staff member told us that there was a new handover record where they could record any changes in people's care that staff would need to know. However, we noted that one person's care needs had changed and their care plan had not been updated. For example, the amount of thickening agent to be added the person's drinks had reduced but this was not recorded in the records. This was important as thickening agents are used to help prevent people from choking and the correct amount should be used. Staff were using half a scoop less than the Speech and Language Therapist (SALT) had advised. The senior care staff member subsequently advised that the SALT team had made contact with the home in June 2016

to advise the scoops could be reduced to one but this had not been updated in the records. This demonstrated review processes were not always effective.

The system for identifying risks and the risk assessment processes required further improvement. Some care plans and risk assessments were not sufficiently detailed to give staff clear direction on how to manage risks to keep people safe. For example, where one person had fallen four times in six months, we could not see if this had been identified as a risk or if any actions were required such as assessing if they needed any walking aids. Although there was a falls monitoring chart that the registered manager had implemented, this did not indicate the person had fallen four times. The form stated that the person was at "low" risk of falling. There was no falls policy that staff could locate to guide them on what they should do if a person should fall repeatedly. Staff told us that the person who had fallen was now assisted to walk with them to help minimise the risk of them falling again.

During our inspection we identified from records and speaking with staff that a person had fallen and sustained a fracture. This had not been reported to us as required so that we could check risks associated with this person care were being managed. The senior staff member said that this was an oversight and should have been reported. This omission had not been identified as part of any management audits of the accidents and incidents within the home.

During our last inspection we highlighted to staff that care records were not always sufficiently clear. For example, we could not identify that one particular person cared for in bed had their hair washed regularly. There was no specific information about this in their 'personal care' plan. During this inspection we found the same issue of concern. Staff could not clearly indicate when this had last happened although they said that the person's hair was washed. Daily records did not always show that the care detailed in their care plan was being delivered to demonstrate their needs were being met consistently.

We found staff were not always fully aware of issues linked to the running of the home due to lines of communication not being effective. For example, on the day of our inspection the registered manager was absent from the home. The remaining staff were not fully clear about what improvements had been undertaken following the last inspection and what was planned. Staff told us they did not have staff meetings where information such as this could be shared. This was important so that staff were fully aware of what was happening in the home and the standards they should be working to. As staff meetings had not taken place, there was no forum for staff and the registered manager to discuss any performance issues or changes in practice. Staff communicated they would find staff meetings helpful so they could discuss issues related to the home and offer their opinions about any proposed changes.

Quality monitoring systems to assess and monitor the ongoing quality and safety of people in the home had not been implemented. For example, there were no resident or relative meetings or quality satisfaction surveys where people and relatives could offer their opinions and views about issues related to the care and services they received. This meant people did not have the opportunity to come together as a group to discuss their views, offer their opinions about the home and also form relationships. We found from speaking with people there were some areas they would like improvements made such as the social activities provided and times they needed to get up.

The provider had not ensured sufficient action had been taken following the last inspection to make the improvements required to ensure systems and processes were effective to drive improvement within the home.

This was a continued breach of Regulation 17 HSCA (Regulated Activities) 2014 (Part 3) Good Governance

We saw some quality checks were carried out such as medication audits to make sure the correct medicine quantities were available for people and records were being appropriately maintained. Room audits were also carried out to make sure the environment was safe for people.

We saw records that showed the registered manager had started to develop satisfaction surveys to improve quality monitoring within the home. We also noted that following our last inspection the provider had obtained a computer for staff to use. This was to aid learning and staff development as well as enable the registered manager to access information to support the effective running of the home. We noted that staff had been using it for these purposes.

People and visitors reported there was a positive culture within the home where they felt at ease with staff. We saw staff worked well together as a team and they said they shared a good working relationship with the registered provider who regularly visited the home. Staff spoke positively of the registered manager, one staff member told us, "She is very pleasant you can approach her with anything. She is always very understanding she is good as a manager." Staff were made aware of who they were to report to when they completed their induction training.

We were advised during our inspection that the registered manager had been unavoidably absent from the home for around six months which had impacted on the progress of the action plan since the last inspection. A commitment was given by the senior staff member in charge to inform the manager and provider of the action areas found during this inspection. This was so they could take swift action to address the issues that needed further improvement.

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 | <p>Regulation 17 HSCA RA Regulations 2014 Good governance</p> <p>Systems and processes to monitor and improve the quality and safety of services provided, were not fully developed or effective. This included records not always being available or sufficiently detailed to support safe and appropriate care.</p> |