

Hestoncourt Limited

The Cottage Residential Home

Inspection report

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Ratings

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

Overall summary

We undertook this unannounced inspection on 27, 28, 29 July and 7 August 2015. The last inspection was undertaken in December 2014 when the service was found to be non-compliant with two of the regulations looked at.

Part of this inspection was to see if the registered provider had complied with the actions we asked them to take

following the last inspection. We also received information from the local authority safeguarding team which raised concerns about the standard of care and attention the people who used the service received.

The Cottage is registered with the Care Quality Commission [CQC] to provide care and accommodation

Summary of findings

for 30 older people who may be living with dementia. Accommodation is provided in a mixture of shared and single rooms, with some having en-suite facilities. There is a large dining room and two lounges.

The Cottage is on the outskirts of Hull and has good access to public transport routes.

At the time of the inspection there was a registered manager in post. A registered manager is a person who has registered with the CQC to manage the service. Like registered providers, they are 'registered persons'. Registered persons have legal responsibility for meeting the requirements in the Health and Social Care Act 2008 and associated Regulations about how the service is run.

We found the registered provider was in breach of six regulations of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014. This included two continued breaches of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2010 following the last comprehensive inspection in December 2014. The breaches included safe care, the environment, how people were supported to make informed choices and decisions, gaining people's consent to care and treatment, staff training, people's privacy and dignity, person centred care and monitoring and governance. You can see what actions we have told the provider to take at the end of this report.

The overall rating for this provider is 'Inadequate'. This means that it has been placed into 'Special measures' by the CQC. The purpose of special measures is to:

- Ensure that providers found to be providing inadequate care significantly improve.
- Provide a framework within which we use our enforcement powers in response to inadequate care and work with, or signpost to, other organisations in the system to ensure improvements are made.
- Provide a clear timeframe within which providers must improve the quality of care they provide or we will seek to take further action, for example cancel their registration.

Services placed in special measures will be inspected again within six months. If insufficient improvements have been made such that there remains a rating of inadequate for any key question or overall, we will take action in line with our enforcement procedures to begin

the process of preventing the provider from operating the service. This will lead to cancelling their registration or to varying the terms of their registration within six months if they do not improve. The service will be kept under review and if needed could be escalated to urgent enforcement action. Where necessary, another inspection will be conducted within a further six months, and if there is not enough improvement we will move to close the service by adopting our proposal to vary the provider's registration to remove this location or cancel the provider's registration.

People were not consulted with regard to the care and treatment they received and decisions were made which were not in the best interest of the person or the least restrictive option available. For example, the registered manager had been using a covert camera in two people's bedrooms and had not gained their permission or consulted with any other stake holders. People were receiving medicines covertly and no assessment had been undertaken as to their capacity or if this was the least restrictive practise.

The environment was dirty and at the time of the inspection smelt of urine. Bedrooms were dirty and bedding was stained as were the beds. The bathroom was dirty and in need of redecoration, the bath sides had mould growing on them. Since the inspection in July we have revisited and found the registered provider has cleaned the service and addressed some of the infection control issues and has made us aware of plans to re-site the bathroom and make it fit for purpose.

Staff knew how to identify and report abuse they may become aware of but their training needed updating and renewing in line with current good practise guidelines.

Staff had been provided in enough numbers to meet the needs of the people who used the service and had been recruited safely. However, as a result of the findings of this inspection with regard to the environment the registered provider is increasing the domestic staff.

The City Health Care Partnership [CHCP] pharmacist had recently undertaken an audit of the medicines systems due to concerns raised and had recommended areas for improvement. When we looked at the medicines we found the registered provider had complied with what the CHCP had recommended. Discussions with the CHCP pharmacist confirmed they were working closely with the

Summary of findings

staff at the service to implement changes and improvements. We found the registered provider had improved the way the medicines were stored and administered and how the staff recorded this. The registered provider had developed protocols for the use of medicines which were administered as and when the person required [PRN]. This meant people received their medicines as prescribed by their GP. The main outstanding recommendation made by the CHCP pharmacist was with regard to the temperature of the room the medicines was stored in, however the registered provider told us they had plans to relocate this to another room so the temperature could be better regulated.

We found staff training had not been updated and some staff had not completed training identified as mandatory by the registered provider and part of their development. Staff supervision had not been carried out for over 12 months and staff had not had the opportunity to undertake any further qualifications and development. We found the staff induction was basic and did not follow current good practise guidelines with regard to staff skills and development. This meant people may have been cared for by staff who did not have the training, support and experience to meet their needs.

People were not protected by legislation or assessment to make informed decisions about their care and treatment practises were not always the least restrictive or in the person's best interest. The principles of the MCA 2005 were not being followed and deprivation of liberty safeguards [DoLS] were not being used to protect people.

At the time of the inspection we found the environment to be in need of refurbishment and redecoration. Double glazed window seals had 'blown' and this made it difficult for people to see through the windows and they appeared murky. Windows frames were rotten and need of replacement. The bathroom was not fit for purpose and was dirty and need of upgrading, the bath sides had mould growing on them. We have revisited the service since the inspection in July and found the registered provider had replaced the double glazing and was systemically replacing the rotten windows. They told us they had plans to relocate the bathroom making it fit for purpose and meet the needs of the people who used the service better; this was to commence week commencing 24 August 2015. We will check this has been done.

At the time of the inspection there were no locks fitted to the doors of either the bathrooms or the toilets. Some of the door handles on people's bedrooms and toilets did not work properly therefore making it difficult to keep the door closed. This meant people's privacy and dignity was compromised. We have revisited the service since the inspection in July and found the registered provider had fitted locks to the bathroom and toilet doors and replaced the defective door handles on the bedrooms.

People were provided with food which was wholesome and nutritious and of their choosing. Staff monitored people's daily food and fluid intake and involved health care professionals when required.

People had good relationships with the staff and staff respected their privacy and dignity, however, people did not receive person centred care and their needs were not always met by the staff. People's care plans were not followed and staff did not always understand people's needs, especially with regard to behaviours which could challenge the service and put the person and others at risk.

There was a lack of meaningful activities provided at the service and there were no specific activities to support those people who were living with dementia. This meant people could go for long times unstimulated and became bored and restless.

There were no management systems in place to ensure the service was safe, effective, caring, responsive and well led. There were no monitoring systems which audited the service and made sure it was safe for people to live in. There were no systems in place which audited the environment to ensure it was clean and free from the risk of cross contamination. There were no systems in place which systematically gathered the views of the people who use the service and other stakeholders about the running of the service. There were no systems in place which ensured the staff had the right skill to meet the needs of the people who used the service. The management style was not inclusive and did not motivate staff to achieve excellence and ensure the service moved forward.

You can what actions we have told the registered provider to take at the end of this report.

Summary of findings

The five questions we ask about services and what we found

We always ask the following five questions of services.

Is the service safe?

The service was not safe

People were not protected by the use of legislation when decisions were made on their behalf regarding their care and treatment.

People were not protected from the risk of cross contamination and infections.

People were not protected from abuse because staff training was out of date and not in line with current good practise guidelines.

Inadequate



Is the service effective?

The service was not effective

Staff training had not been updated in line with current good practise guidelines and they did not receive supervision and appraisals which would give them opportunity to develop their knowledge and experience.

Newly recruited staff did not receive a robust induction based on current good practice guidelines.

People had not been assessed as to their capacity to consent to care and treatment.

The environment was not safe and was in need of refurbishment.

People received a wholesome and nutritious diet.

Inadequate



Is the service caring?

Some areas of the service were not caring.

People were cared for by staff who were kind and caring.

Due to environmental failing's people's privacy and dignity was not always respected or upheld.

People or their representatives were not included in decisions about their care and treatment.

Requires improvement



Is the service responsive?

Not all areas of the service were responsive

People did not receive person centred care.

People were not provided with varied and appropriate activities to meet their needs.

There was a complaint procedure that people could access to raise any concerns they may have.

Requires improvement



Summary of findings

Is the service well-led?

The service was not well led

There were no systems in place which ensured people lived in service which was safe, effective, caring, responsive and well led.

There were no systems in place which effectively monitored the cleanliness of the environment.

There were no systems in place which audited accident and incidents to keep people safe.

There were no system in place which monitored staff training to ensure this was up to date and current.

There were no systems in place which ensured people received person centred care and enable their needs to be met.

Inadequate



The Cottage Residential Home

Detailed findings

Background to this inspection

We carried out this inspection under Section 60 of the Health and Social Care Act 2008 as part of our regulatory functions. This inspection was planned to check whether the registered 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, 28, 29 July and 7 August 2015 and was unannounced. The inspection was completed by one adult social care inspector, an inspection manager and an expert by experience. An expert by experience is a person who has personal experience of using or caring for someone who uses this type of care service.

The local authority safeguarding and quality teams and the local NHS were contacted as part of the inspection, to ask them for their views on the service and whether they had any ongoing concerns. We also looked at the information we hold about the registered provider.

We used the Short Observational Framework for Inspection [SOFI]. SOFI is a way of observing care to help us understand the experience of people who could not talk with us.

We spoke with five people who used the service and three of their relatives who were visiting during the inspection. We observed how staff interacted with people who used the service and monitored how staff supported people throughout the day, including meal times.

We spoke with the registered manager, two representatives of the company, the administrator, the assistant manager and four care staff.

We looked at six care files which belonged to people who used the service. We also looked at other important documentation relating to people who used the service such as incident and accident records and six medication administration records [MARs]. We looked at how the service used the Mental Capacity Act 2005 and Deprivation of Liberty code of practice to ensure that when people were deprived of their liberty or assessed as lacking capacity to make their own decisions, actions were taken in line with the legislation.

We looked at a selection of documentation relating to the management and running of the service. These included three staff recruitment files, training record, staff rotas, supervision records for staff, minutes of meetings with staff and people who used the service, safeguarding records, quality assurance audits, maintenance of equipment records, cleaning schedules and menus. We also made a tour of the building.

Is the service safe?

Our findings

People we spoke with told us they felt safe at the service. Comments included, “Yes, there is security here”, “It just feels safe”, “The place is well run for administrative purposes, I feel safe in my room” and “We are never on our own and I feel safe in my nice little room.” People told us about the staffing levels, comments included, “I think there are enough on duty, the call button takes a few minutes to answer”, “I get a bath or shower once or twice a week and do some exercise classes when the lady has time”, “I don’t know, I don’t see much staff, nine times out of ten there’s not enough”, “I like to do things for myself”, “Staff mostly cope, proper busy at times, sometimes a carer is off and there are only two staff” and “I would like to go out more but there’s not enough staff” and “Sometimes a bit short staffed but they really are very good.” However we found that the care and treatment people received was not safe and they were not protected from the risk of harm.

People told us they received their medicines at the right time and was it always available, they said, “More or less, I could ask for a painkiller if I needed it”, “When they bring them around I take them”, “Yes, they keep telling me what they are for” and “Yes, no problems getting pain relief.”

Visitors told us they felt their relatives and friends were safe, comments included “There is someone here all the time and he is being monitored”, “The staff are brilliant; I wouldn’t have put her anywhere else”, “I visit all the time and I think he is fine” and “I think he is safe as there are staff about.” Visitors told us they felt there were enough staff on duty, comments included, “Yes, staff are caring, they check on him every two hours.”

The registered manager could not show us any risk assessments which had been undertaken with regard the safety and cleanliness of the premises. There was no management plan in place which ensured all rooms, including communal areas, were cleaned on regular basis. We found the premises were dirty and bedrooms had not been cleaned. Toilets and bathrooms posed a risk of cross contamination and a risk the health and wellbeing of the people who used the service. The bathroom was dirty and had mould growing on the side panels. Commodes used in people’s rooms were dirty and posed a risk of cross contamination. Beds had not been cleaned and some bed linen was stained. Toilets seat lids were wooden and could not be disinfected properly; these could not be closed

either, therefore heightening the risk of spores entering the atmosphere and putting people at risk. Flooring in both bathrooms and toilets was coming away from the floor and was dirty posing a risk to people’s health and wellbeing. Communal areas were in need of cleaning and furniture in both bedrooms and communal areas was broken, dirty and need of replacement. Carpets in communal areas and bedrooms were worn and dirty and in need of replacement. Handrails were chipped and broken and there were holes in toilet doors. Woodwork had been chipped and bedrooms were dirty.

The registered manager was asked to provide evidence of analysis of all accident and incident which had occurred at the service, environmental risk assessment and infection control assessments. They could not provide this evidence and told us this had not been undertaken. We had asked the registered provider to take action in this area following the last inspection. This is a continued breach of Regulation 12 HSCA 2008 (Regulated Activities) Regulations 2010, which now corresponds to Regulation 12 HSCA 2008 (Regulated Activities) 2014 as people lived in an environment which did not protect them from the risk of cross contamination and infection.

We have revisited the service since the inspection in July and we found the registered provider had addressed some of the infection control issues.

When we spoke with staff they were able to describe to us what they would do if they suspected any abuse was taking place or anyone was at risk of harm. They knew they could contact outside agencies if they were not satisfied with the response of the registered provider to their concerns. However, when we looked at the training records we found training in this area was out of date. This could potentially put people at risk of harm due to staff not understanding current procedures for the report of safeguarding incidents. At the time of the inspection the local authority were investigating allegations which raised concerns about the quality of the care and welfare of the people who used the service.

Staff told us they felt there were enough care staff on duty to meet people’s needs and they didn’t feel rushed or that they neglected anyone due to staff shortage. We saw rotas which confirmed this. Since the inspection the registered provider had identified that there was a shortfall in domestic hours and has advertised for more staff.

Is the service safe?

We looked at the recruitment files of the most recently recruited staff and saw these contained application forms, health checks, references from previous employers and checks with the disclosure and barring service [DBS]. This meant people who used the service were not exposed to staff who had been barred from working with vulnerable adults.

Prior to the inspection we received information from the City Health Care Partnership [CHCP] which raised concerns with regard to the way people's medication was handled and administered; they had recommended the service take action to implement ways of working to ensure this was undertaken safely. This included, amongst other things, ensuring the room where the medicines were stored was kept at the right temperature, introduction of protocols which gave instruction to the staff on how to safely administer medicines which were used as and when required [PRN], auditing of medicines after every medicines

round and risk assessment for the use of some medicines. We looked the medicines system and found a lot of the recommendations made by the CHCP had been complied with and people were receiving their medications on time and as prescribed by their GP.

We looked at the Medicines administration records and found these had been signed by the staff when medicines had been given and the right codes had been used when people had refused or not been able to take their medicines. We found recordings showed the room where the medicines were stored was still too hot. The registered provider told us they were intending to relocate the medicine room to another part of the building so the temperature could be regulated better. We have contacted the CHCP and they are satisfied with the progress the service have made and are intending to provide ongoing support and training to the staff to improve the systems in place.

Is the service effective?

Our findings

People we spoke with were happy with the meals and drinks provided, comments included, “Good, always a choice, I like the breakfast as I enjoy Bran-flakes”, “Sandwiches for tea and I have choices and there are drinks”, “I enjoy what I get, they come and ask what I want and I get drinks”, “They are okay, usually get a choice of two or three things for lunch, tea there’s a choice of sandwiches or things like pizza or beans on toast and we drink plenty”, “Extremely good, I like liver, and usually get a choice” and “Lovely, I am not domesticated and they are good at cooking.”

People told us they felt the staff were well trained, comments included, “Yes they are trained enough”, “They seem to be” and “Yes, they are very good and very caring.”

People we spoke with told us they had their health needs met, comments included, “I think they would call a doctor but not needed so far” and “I have seen a doctor whilst I have been here, they would call one.”

Visitors told us they were informed if their friends or family were not well, comments included, “They tell me if they [the staff] have to call the doctor or if he’s had a fall or anything.”

Documentation we looked at indicated staff training had not been updated and was out of date, for example, out of 28 staff:

- 14 staff needed to completed training in the Mental Capacity Act 2005 [MCA]
- nine staff needed to complete training in food safety
- 11 staff needed to complete training in safeguarding people from abuse and harm
- 14 staff needed to compete first aid training
- 14 staff needed to complete training in infection control
- 13 staff needed to complete training in health and safety
- 19 staff needed to undertake training safe lifting and handling

Records showed that none of the staff had received training in the use of Deprivation of Liberty Safeguards [DoLS].

Newly recruited staff told us they had received induction training which consisted of two days. We asked the registered provider/manger to provide us with evidence the induction programme had been based on any good practise guidelines, they could not provide the evidence.

Staff told us they had not received any supervision in the last 12 months and they had not had the opportunity to discuss further training and development. We asked the registered manager to show us recent supervision records and staff appraisals; they could not produce the evidence. This meant people were cared for by staff who had not been inducted, were not support to gain further qualifications or received the relevant training to effectively meet their needs. This is a breach of Regulation 18 HSCA 2008 (Regulated Activities) 2014 as people were cared for by staff who had not received the training or support to meet their needs.

The Care Quality Commission is required by law to monitor the use of Deprivation of Liberty Safeguards [DoLS]. DoLS are applied for when people who use the service lack capacity and the care they require to keep them safe amounts to continuous supervision and control. One person had a DoLS in place and this had been agreed and approved by the local authority; they also had support from an advocacy service.

However, we found evidence of people receiving care and treatment where no assessment had been undertaken as to their capacity to make informed decisions, no best interest meeting had taken place and no application made for a DoLS had been made. The registered manager was using a covert camera in one of the people’s rooms. We could find no evidence there had been an assessment of their capacity to agree, or disagree to this the course of action. We could find no evidence of best interest meetings held in this regard and we could find no application for a DoLS. As part of the inspection we also observed footage of a camera being placed in another person’s room and filming being undertaken. Again we found no evidence of their capacity to agree to this course of action had been assessed, best interest meetings held or application for DoLS to be authorised. This was an infringement of the person’s human right for privacy and their dignity had not been respected. The registered manager was asked to provided us with evidence consultation had been undertaken. They could not produce the evidence. This is also an infringement of the person’s right to privacy, did not respect their dignity and breached their human rights. We found two people using the service were receiving their medication covertly. One person’s care file was clear as to when and why this was used and a best interest meeting had been held. However, for the other person, staff were acting on instructions from the person’s GP and could show

Is the service effective?

us no record of a mental capacity assessment, best interest meetings or application for a DoLS being undertaken. This meant people were receiving care and treatment which may have been against their will, did not uphold their human rights and no legal framework had been put in place to protect them from risk. This is a continued breach of Regulation 18 of the HSCA 2008 (Regulated Activities) Regulations 2010 which now corresponds to Regulation 11 HSCA (Regulated Activities) 2014.

People were provided with a wholesome and nutritional diet which was of their choosing. People's care plans contained information about their likes and dislikes and any specialist diets they may require. The care plans detailed what support the person needed to maintain a healthy diet, for example, if they needed a pureed diet or support to eat their meals. The cook was knowledgeable about people's diets and told us they asked people what they would like to eat for lunch daily but also offered a choice if they changed their minds. Staff monitored people's fluid and food intake and made referrals to dieticians when required, this was recorded in people's care plans. We observed the lunch time meal and saw this was a relaxed occasion with staff supporting people in a sensitive and discreet manner, for example, sitting next to people to assist them to eat their meals. Hot and cold drinks were offered to people through the day, fresh fruit was also offered. However, no clothes protectors were offered to people during the lunch time meal.

People's care plans contained a section which recorded when they had seen any health care professionals, for example their GP or a district nurse. The section recorded what the visit had been for and what the outcome was. People's health needs were described in their care plans along with a medical history. Any changes in medical

treatment were recorded and people's care plans were updated. We saw and heard the senior staff interacting with visiting health care professionals and this was carried out in a professional way.

At the time of the inspection the car park was covered in pot holes, this has since been re-tarmacked and no longer poses a risk to people who smoke by having to go outside and cross this to the smoking shelter. At the time of the inspection lots of the double glazed windows had seals that had 'blown' so the windows appeared murky and people could not see through them clearly. These have now been replaced and the registered provider is replacing others systematically. They are also replacing rotting window frames.

Internally the service is in need of a redecoration and at the time of the inspection there was a strong odour of urine. The bathroom was in need of redecoration and the bath sides had mould growing on them. The registered provider has plans to re-site the bathroom making it more accessible and fit for purpose. At the time of the inspection there were no locks fitted to the bathrooms or toilet doors. Some of the door handles on bedrooms and toilets did not work properly therefore making it difficult to keep the door closed. This meant people's privacy and dignity was compromised. Since the inspection the registered provider has replaced the door handles and fitted locks to the bathroom and toilet doors. This was a breach of Regulation 15 HSCA 2008 (Regulated Activities) 2014.

The registered provider has devised a programme of refurbishment and redecoration and has shared that with us. This will be closely monitored by us and we asked for regular updates as to improvements with regard to the environment.

Is the service caring?

Our findings

People we spoke with told us they felt the staff were kind and caring, comments included, “Everybody has complex needs and I admire the staff”, “They have got plenty to do, I have never had any problems, they are always very pleasant with me”, “Yes I feel they are caring, I think they worry if you are over doing it”, “They are always very kind and are very good” and “I enjoy it, they are nice people; staff and residents.”

People we spoke with told us they were involved and supported in planning and making decisions about their care and treatment, they said, “I speak my mind and I tell the staff what I would like.” People also told us the staff respected their privacy and dignity, comments included, “Yes, manners makes the lady or gentleman; they do knock on my door”, “I think they do their best” and “They always knock on my door before entering and when I am bathing I wash myself.” People told us they felt the staff understood their needs, one person said, “I think they are getting to know me.”

Visitors told us they felt their relatives and friends received good care and attention, comments included, “I think so, each and every one has different needs” and “Yes, I think they all like him.”

Observation made during the inspection demonstrated staff had good relationships with the people who used the service. There was lots of laughter and sharing of jokes. Staff were heard talking with people about their interests, their families and sharing memories with them of Hull. Staff were kind and caring in their approach and explained to people what they were doing and why with regard to caring tasks; making sure people had enough time to answer and checking they had understood what was happening. The staff also respected people’s wishes when they did not want to do something, leaving them for a while and going back to ask again

When we spoke with staff they understood people’s needs and could describe how to best meet these, they also told us how they would respect people’s dignity and privacy. We saw and heard staff knocking on people’s doors and waiting to be invited in; while we were being shown around the service the member of staff was asking people if it was

ok to show us in to meet them and view their room. They told us they would uphold people’s dignity by covering them whilst undertaking personal care and ensuring they had closed their doors and curtains at night. However, the use of covert filming by the registered manager was a clear infringement of the person’s human rights and did not respect their right to privacy and dignity. As were the defective door handles.

Staff told us they tried where possible to maintain people’s independence and supported people to do as much as possible for themselves. We saw examples of this around the service as staff were supporting people to walk to the toilet and to their rooms and whilst supporting people to eat.

Staff respected people’s wishes and told us the treated everyone differently and did not judge their life choices. They told us they respect people’s choices and attempted to provide people with choices in their daily lives, for example choice of meals and how they would like to spend their day.

One person who used the service had regular contact with an advocacy service. During the inspection the advocate attended a review with the person. We asked them what they thought about the service and they were positive, remarking that the staff were professional and always put the person first.

Staff understood the importance of confidentiality and told us they would never discuss anyone care needs with anyone other than those who had the right to see it. They kept information locked away and completed documentation discretely and professionally. Staff were head to ask people discretely if they needed any assistance with personal care and spoke in a calm manner.

Staff we spoke with understood the need to respect people privacy and dignity and told us they would respect people’s wishes. However, during the inspection we found doors to toilets and bathroom had no locks fitted and the handles were broken meaning the doors could not be closed properly. This meant people’s privacy and dignity was compromised. Since the inspection the registered provider has replaced all the defective handles and ensured locks were fitted on toilet and bathroom doors.

Is the service responsive?

Our findings

People told us they knew how to make a complaint and who to, comments included, “I would tell the Manager, I know who they are but don’t know their name”, “I would go to a carer or my key worker, I don’t know who manager is, I think she is the lady in blue who is in the office” and “I would tell a carer first then the manager.” They also told us, “I have never had any problems” and “Yes they would listen and make an effort to put it right.”

People we spoke with told us they would like more activities, comments included, “I would like a little more”, “Would like some involvement with the Church, haven’t had a talk for a long time they are short staffed” and “I like to read my book.”

Visitors told us they knew how to complain or express concerns, comments included, “I would ring the Social Services, but never had to” and “I would see the head carer, but I’ve never had to” and “I would tell a carer, I never see the manager.”

All the people who used the service had a plan of care. This had been formulated from assessments undertaken by the placing authority and the staff at the service. Care plans had been reviewed on regular basis and copies of the review notes were on people’s files. Some care plans described the person and their preferences for care and support; however, we found not all care plans had been signed by the person or tier representative. This could mean that people were receiving care and treatment which was not of their choosing.

Staff documented when people had been supported with their care and treatment, however, this did not always meet

their assessed needs. For example, one person required a topical cream to be applied every two hours; records we looked at showed this was only done when the person had a bath every other day. Another person’s assessment showed their personal care needs should be met by two staff at all times. However, records showed that following an episode where the person had been incontinent of urine staff left the person with soap, water and a towel to attend to their own needs. This is a breach of Regulation 9 HSCA 2008 (Regulated Activities) 2014 as people did not receive person centred care which had been agreed and met their assessed needs.

People’s hobbies and interests were recorded in their care plans and there was an activities plan displayed on the wall. However, we saw very little activities being undertaken with the people who used the service. Activities were recorded in people’s care plans; however, these mainly referred to watching TV in their room or listening to music. The service employs an activities co-ordinator but she was usually working as part of the care staff so could spend little time with the people who used the service. There was a lack of activities specifically for people living with dementia.

We asked the registered manager to show us a record of complaints received since the last inspection. This showed there had been two complaints received; one from a district nurse and one from a relative. Both had been looked into using the registered provider’s complaint procedure, outcomes and actions taken were recorded. The complaint procedure was displayed in the entrance to the service; this outlined time scales for action and who to make further complaint to if the complainant was not satisfied with the way the investigation.

Is the service well-led?

Our findings

People told us they thought the service was well managed. Comments included, “It is very well organised”, “I think it is reasonably well managed”, “It is friendly” and “It is pleasant enough.” However, one person told us, “There is a lot of people sitting around; doesn’t feel like there is any communal feeling.” One person told us they were asked for their opinion of the service, “They do ask us what we think and I am quite satisfied with things as they are.” Some of the other people we spoke with told us they had never been consulted about the running of the service.

Visitors told us they thought the registered manager was approachable and they could raise concerns, one visitor said, “I have done, I have spoken to the [registered manager’s name] and he answers any questions that I have had” and “Yes, I can approach him anytime.” None of the visitors spoken with had received a survey or questionnaire to enable them to share their views on the service.

The registered provider and registered manager had not complied with any of the actions we asked them to take following the last inspection with regard to supporting people to make informed decisions and ensuring they were protected by current legislation. They continued to make decisions on people’s behalf and did not consult with any other stakeholders. They did not ensure they held meetings to ensure any decisions made on the person’s behalf were in their best interest and did not breach legislation in place to protect people from harm and breach their human rights. They had not ensured the service was clean and free from the risk of cross contamination and infection.

The registered provider and registered manager could not show us any evidence of recent audits undertaken at the service which identified any short falls and detailed actions taken to address these. They could not show us any recent surveys which had been undertaken with people who used the service and other stakeholders including health care professionals and people’s relatives. There was no evidence of consultation with people who used the service or their relatives in the form of meetings or forums. This meant people and other stakeholders could not have say about how the service was run or their care and treatment.

There had been no infection control audits undertaken which would identify the issues and concerns found during the inspection. This meant people lived in an environment which did not ensure they were free from the risk of cross contamination and infections.

Staff training and ongoing skills had not been audited and updated as required meaning people were cared for by staff whose training was not up to date and reflected current good practise guidelines.

We saw a list of when people’s care plans should be audited but those audits did not pick up that people were not receiving the care and treatment they had been assessed for and staff were not meeting their needs.

Accidents and incidents had not been audited to identify any trends or patterns so action could be taken to negate any further risk to the person.

Staff told us they found the registered manager approachable but told us they felt more comfortable approaching the assistant manager as they felt the registered manger was too busy and could not give them much time. They told us the assistant manager supervised them while they were working and made sure they cared for people ensuring their needs were met. Observations we made during the inspection showed the registered manager did not leave the office very often and they were not aware of where documentation was we asked for mainly relying on the assistant manager or the administrative assistant to find this.

The registered manager told us they had an open door policy and staff could approach them at any time; however, there was a locked door between their office and the main part of the building which was only operable with a key pad. This restricted the people who used the service from accessing the registered manager if they needed to speak to them because they did not know the code to the key pad. This meant the registered manager was not readily accessible to people or staff if they wished to consult with them.

This is a breach of regulation 17 HSCA 2008 (Regulated Activities) 2014. The registered provider did not have systems in place which ensured people lived in a service which was safe, effective, caring, responsive and well led.

This section is primarily information for the provider

Action we have told the provider to take

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

Regulated activity

Accommodation for persons who require nursing or personal care

Regulation

Regulation 9 HSCA (RA) Regulations 2014 Person-centred care

Breach of Regulation 9 person centred care HSCA 2008 (Regulated Activities) 2014.

People did not receive person centred care which had been agreed and met their assessed needs.

Regulated activity

Accommodation for persons who require nursing or personal care

Regulation

Regulation 12 HSCA (RA) Regulations 2014 Safe care and treatment

Breach of Regulation 12 safe care and treatment, HSCA 2008 (Regulated Activities) 2014. This is a continued breach of Regulation 12 HSCA 2008 (Regulated Activities) Regulations 2010.

People continued to live in an environment which did not protect them from the risk of cross contamination and infection.

Regulated activity

Accommodation for persons who require nursing or personal care

Regulation

Regulation 15 HSCA (RA) Regulations 2014 Premises and equipment

Breach of Regulation 15 premises and equipment HSCA 2008 (Regulated Activities) 2014.

People who use services and others were not protected against the risks associated with unsafe or unsuitable premises because of inadequate maintenance.

Regulated activity

Accommodation for persons who require nursing or personal care

Regulation

Regulation 18 HSCA (RA) Regulations 2014 Staffing

This section is primarily information for the provider

Action we have told the provider to take

Breach of Regulation 18 staffing HSCA 2008 (Regulated Activities) 2014.

People were cared for by staff who had not received the training or support to meet their needs.

This section is primarily information for the provider

Enforcement actions

The table below shows where legal requirements were not being met and we have taken enforcement action.

Regulated activity

Accommodation for persons who require nursing or personal care

Regulation

Regulation 11 HSCA (RA) Regulations 2014 Need for consent

Breach of Regulation 11 consent HSCA (Regulated Activities) 2014. Safeguarding service users from abuse and improper treatment.

Continued breach with Regulation 18 HSCA 2008 (Regulated Activities) Regulations 2010.

People were not protected by legislation to make informed choices and decisions and their rights to privacy and dignity was not respected.

The enforcement action we took:

We have judged that this has a moderate impact on people who use the service. This is being followed up and we will report on any action when it is complete.

Regulated activity

Accommodation for persons who require nursing or personal care

Regulation

Regulation 17 HSCA (RA) Regulations 2014 Good governance

Breach of regulation 17 Good Governance HSCA 2008 (Regulated Activities) 2014.

The registered provider did not have systems in place which ensured people lived in a service which was safe, effective, caring, responsive and well led.

The enforcement action we took:

We have judged that this has a moderate impact on people who use the service. This is being followed up and we will report on any action when it is complete.