Mrs T Wratten

# Tranquility House

## Inspection report

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## Ratings

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

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

# Summary of findings

## Overall summary

This inspection took place on 1 and 2 March 2016, the first day was unannounced. The previous inspection was carried out on 17 July 2014 and there were concerns around staff recruitment records. At this inspection, we found the provider had met the required actions.

Tranquility House is registered to provide accommodation and personal care for up to 20 people who may have dementia or similar conditions. The premises are a detached house situated on one of the main roads going in to Folkestone. The service has 16 bedrooms, four of which are twin rooms and all of which have a wash hand basin. Bedrooms are spread over three floors, which can be accessed by the use of a small passenger lift. The lift is not suitable for people using a wheelchair. People had access to four assisted bathrooms and a dining room, two lounge areas and a conservatory. There is a small car park and street parking available nearby. 18 people were living at the service at the time of the inspection, four people were sharing two of the twin rooms.

The service provider, Mrs Wratten, also works as the manager. Registered providers have legal responsibility for meeting the requirements in the Health and Social Care Act 2008 and associated Regulations about how the service is run.

People's safety was at risk because there was no safety test certificate for the electrical instillation at the service and no processes were in place to safely manage water to safeguard people against the risks of legionella. There were no systems in place to ensure checks had been completed on fire safety systems, gas, electricity and lifting equipment.

People were not always kept safe from abuse, staff were aware of safeguarding procedures, although policies and procedures were not current and not all staff had received appropriate training. Staffing levels were not sufficient to meet people's needs all of the time and recruitment processes were not always thorough and robust. Accidents and incidents were not analysed to reduce the risk of reoccurrence.

Medicines were stored securely and safely. People received their medicines when they should but there were shortfalls in the recording of topical creams administration and in medicines that are prescribed to be taken 'As required'.

Elements of care planning were not person centred to reflect differences in people's individual needs. Some records at the service were contradictory about the support people needed and some support plans did not contain the level of detail needed in order to ensure staff supported people consistently. The arrangement of some activities reflected staff availability, rather than being planned to meet people's needs.

People were supported to maintain good health as referrals to health professionals were made in a timely way. People's privacy and dignity was not always fully respected. However staff were kind and caring in their approach to people.

Most risks associated with people's care and support were assessed. People told us staff acted with their consent and felt that they were treated respectfully and that their privacy and dignity were promoted. People were able to choose their food at each meal time, snacks and drinks were always available. The food was home-cooked and people told us they enjoyed their meals, describing them as "Very good" and "First class".

People or visitors did not have access to an up to date complaints procedure. There were no effective systems for monitoring the quality of care provided or assessing and mitigating risks within the service. Records were not accurate or available during the inspection. Policies and procedures required review to ensure staff had clear guidance.

We found a number of breaches of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014. You can see what action we told the provider to take at the back of this report.

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

We always ask the following five questions of services.

### Is the service safe?

**Inadequate**

The service was not safe.

The service was not safely maintained. Servicing and safety checks of equipment had lapsed or not taken place.

Risks to people were not adequately monitored to keep people safe.

People received their medicines when they should, but improvements were required in some records and guidance to ensure risks in relation to medicine management were mitigated.

People were not protected by thorough and robust systems for recruiting new staff.

There were not sufficient staff deployed to meet people's care and treatment needs.

### Is the service effective?

**Requires Improvement**

The service was not consistently effective.

Staff were not supported effectively through supervision, training and appraisal so they had the skills needed to meet people's needs.

People did not have mental capacity assessments in place. This did not meet with the principles of the Mental Capacity Act 2005.

Staff ensured people's health needs were met. Referrals were made to health and social care professionals when needed.

People were supported to eat a healthy varied diet at their own pace.

### Is the service caring?

**Requires Improvement**

The service was not consistently caring.

People's privacy and dignity was not always respected.

People felt staff were kind and caring and staff demonstrated kindness.

Relatives told us they were made to feel welcome when they visited.

## Is the service responsive?

**Requires Improvement**

The service was not consistently responsive.

Care planning was not always person centred and meaningfully individual.

Activities reflected staff availability rather than being planned to meet people's needs.

People did not have access to an up to date complaint procedure. People and visitors told us they had not needed to complain.

## Is the service well-led?

**Requires Improvement**

The service was not consistently well led.

Checks and audits had not identified shortfalls found during this inspection or enabled the provider to meet regulatory requirements.

Some records were contradictory and lacked required detail.

Staff did not have access to a set of policies and procedures which were complete, clear and reflected current legislation.

Staff told us that they felt supported by the manager and that there was an open family style culture in the home.

# Tranquility House

**Detailed findings**

## Background to this inspection

We carried out this inspection under Section 60 of the Health and Social Care Act 2008 as part of our regulatory functions. This inspection was planned to check whether the provider is meeting the legal requirements and regulations associated with the Health and Social Care Act 2008, to look at the overall quality of the service, and to provide a rating for the service under the Care Act 2014.

This inspection took place on 1 and 2 March 2016 and was unannounced. The inspection was carried out by three inspectors.

We focused on speaking with people who lived in the home, speaking with staff and observing how people were cared for and interacted with by staff. We looked in detail at care plans and records which related to the running of the service. We looked at four care plans and six staff files as well as staff training records and quality assurance documentation to support our findings. We
looked at records that related to how the home was managed such as audits, policies and risk assessments.

We looked around most areas of the home including bedrooms, bathrooms, the lounge and dining room as well as the kitchen. During our inspection we spoke with five people who live at the home, three visitors, two care staff, a senior carer and the owner/manager. We contacted two social care professionals before and after the inspection that had had recent contact with the service and received their feedback.

We reviewed the information we held about the service. We considered information which had been shared with us by the local authority, members of the public, relatives and healthcare professionals such as a social worker. We reviewed notifications of incidents and safeguarding
documentation that the provider had sent us since our last inspection. A notification is information about important events which the provider is required to tell us about by law.

Inadequate

# Is the service safe?

## Our findings

People told us they felt safe living at the service. They said that they were treated well and knew who they could talk to if they were unhappy. One person said "The staff are good, I feel safe living here". Relatives told us that they had no concerns about the safety and welfare of their relatives who used the service. They told us they could speak with the staff if they were concerned about anything and they were confident their concerns would be taken seriously and acted on. For example, one relative told us "I think X is safe here".

People's safety was at risk because there were no systems in place to ensure checks had been completed on gas, electricity and lifting equipment. Certificates were either not available or confirmed these were overdue. For example, the gas safety certificate was dated August 2014 but should be checked annually. There was no current Periodic Electrical Installation Test Certificate, to determine if the electrical wiring in the service met with relevant safety regulations, the provider confirmed that this was not in place at the time of the inspection.

The provider had completed a fire safety risk assessment, this stated that "the home has weekly fire alarm checks which are recorded in the fire book", however on checking the fire book we saw that tests were not recorded. The provider confirmed that weekly testing of the fire alarms and fire drills had lapsed. They reassured us that they would ensure that the maintenance person commenced this with immediate effect.

Appropriate systems were not in place for the management of water to safeguard people against the risks of legionella, a water borne bacteria. A policy was not in place and the provider confirmed that no checks or preventative measures took place. Water temperature checks were not recorded to safeguard people against the risks of scalding. People were not protected from the risks
associated with premises and equipment that was untested and not maintained. Following the inspection the provider told us that they had taken steps to rectify these shortfalls.

The provider had failed to ensure that services and equipment at the home were checked when needed to help keep people safe. Maintenance systems were ineffective. This was a breach of Regulation 15 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

At our last inspection some of the background checks required to be made before staff were employed to work for the service had not been completed. During this inspection we found that the provider had met the original requirement actions. However, staff recruitment practices continued to not always be robust and thorough. We looked at six staff files in order to assess how the provider carried out checks to ensure that they were employing people who were suitable for the role. All files contained application forms, however five of them did not have full employment histories or an explanation of gaps in employment. Each staff member had a Disclosure and Barring Service (DBS) check in place before they started work. DBS checks help employers to make safer recruitment decisions. References had been sought for people to ensure that they were of good character and would be suitable for the position. Where people were unable to provide prior employment references, education and personal references were received instead. All staff files viewed did not contain recent photographs of staff. However, all files contained proof of identification which

included documents such as passports, driving licences, birth certificates, and proof of address.

The provider had failed to undertake robust and safe recruitment of staff. This is a continued breach of Regulation 19(2) of the Health & Social Care Act 2008 (Regulated Activities) Regulations 2014.

The provider managed people's medicines so they received them safely, although there were some shortfalls in policy and procedure. Medicines were stored appropriately, but records showed that temperatures were not always checked on a daily basis to ensure that medicines were being stored at the correct temperature.

People who were prescribed medicines to take 'As required' did not have guidance in place for staff to follow about when these should be given. For example, a person prescribed a tablet for the management of pain to be given 'As required' did not have guidance in place to tell staff in what situations this should be given. This could result in people not receiving these medicines consistently or safely. There was some guidance for staff to follow for people who were prescribed 'as required' creams and ointments. This was recorded on separate topical MAR sheets but was not consistent for each person with a prescribed cream or ointment.

There were no audits of medicines or assessments of the competency of staff responsible for administering or managing medicines.

The provider had failed to have proper and safe management of medicines. This is a breach of Regulation 12(2) (g) of the Health & Social Care Act 2008 (Regulated Activities) Regulations 2014.

Procedures were in place for homely remedies and self-administration. The medication administration record (MAR) sheets showed all required medicines were in stock and people had received their medicines as prescribed.

Risks to people had been identified and assessed but guidelines to reduce risks were not always available or were not clear. Some people were identified at being at risk from having unstable medical conditions like diabetes or behaviours that challenge. There was limited information available to give staff the guidance on what to do if the risks actually occurred. Information on how to manage the risks was not available in people's care files or it was not clear. The provider had completed generic risk assessments for all people to cover many types of risk. This could cause confusion for staff supporting people. For example, a person who does not have asthma would not require a risk assessment with signs and symptoms of asthma.

Accidents and incidents were recorded. There were copies of incidents on people's care records and a separate accident book. We asked the provider how they monitored incidents and accidents, they told us that all accident and incident forms were seen by them before being filed, giving them an opportunity to review. The provider did not have a formal monitoring system in place to identify patterns or trends, meaning that staff did not have the opportunity to learn from incidents and placing people at increased risk of further similar occurrences taking place.

People who had diabetes had their blood sugar checked regularly by the staff. However, there was no guidance specific to the person to tell staff what to do if their blood sugar was too high or too low. There was generic information for the signs staff should look for. There was no instruction on what they should do if this did happen. 19 of the 22 staff had not received training about this condition.

Some people were at risk of dehydration. There was a potential risk that people that may not be drinking enough to keep them healthy. Staff were recording the amount of fluids that people were drinking. There

was no guidance for staff on how much people should be drinking and what action they should take if they were not drinking enough. The amount of fluids people drank each day was not totalled up to see if they had drunk enough. It was not clear how staff were to support and encourage people to drink enough to keep them healthy.

Care and treatment was not provided in a safe way for people because the provider did not have sufficient guidance for staff to follow to show how risks to people were mitigated. This is a breach of Regulation 12 (2)(b) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

Staff showed an understanding of different forms of abuse, and were confident in what action they should take if they witnessed or suspected abuse, staff told us they would contact the local authority with their concerns. 17 of the 22 staff members had completed training in how to recognise and respond to the signs of abuse. The service had a safeguarding policy in place which had not been reviewed or updated since 2007. There was not a copy of the Kent and Medway Multi-agency Safeguarding Adults Policy, Protocols and Guidance. The service had a whistleblowing policy in place, which was last reviewed in 2008. None of these documents contained the most recent guidance on keeping people safe from harm. This placed people at increased risk of not being protected from abuse because staff did not have up to date guidance and information available to them.

The provider had failed to have proper systems and processes in place to protect service users from abuse and improper treatment. This is a breach of Regulation 13 (3) of the Health & Social Care Act 2008 (Regulated Activities) Regulations 2014.

Staffing levels were consistent, but staff did not always have time to spend with people, for example spending time chatting or engaging in activities. Support offered had more focus on the task that needed to be completed rather than on the person, staff told us they were busy and spent time with people when they could. During the day there were usually two care staff, a senior carer and the provider, in addition there was a chef and kitchen assistant, a domestic and volunteer domestic assistant and maintenance person. Overnight there were two wake night care staff to support people over 3 floors of bedrooms and the ground floor communal areas. The provider said they did not use a formal tool for assessing the staff needed as the current staff level appeared appropriate for the people in the home at that time. They told us they observed how busy staff were throughout their shift and sought feedback from staff about their level of workload. However if people's needs changed or there was a need to increase staffing then they would arrange for more staff. They gave an example of when the lift had broken down and staffing levels had been increased to assist people as they were unable to use the lift to move around the home. The provider said that there were approximately 20 staff so there was no need to use any agency staff as permanent staff were always willing to cover any shortfalls in staffing, even at short notice. It was documented on rotas when additional staff were required to take people to appointments such as eye screening and hospital appointments.

Staffing levels were not sufficient to meets the needs of people and keep them safe at all times. This is a breach of Regulation 18 (1) of the Health & Social Care Act 2008 (Regulated Activities) Regulations 2014.

There were records to show that the premises received regular servicing by external contractors, such as checks for portable appliance testing, fire alarms and fire equipment. People had a personal emergency evacuation plan (PEEP), a PEEP sets out specific physical and communication requirements that each person has to ensure that they can be safely evacuated from the service in the event of a fire. Staff knew how to safely evacuate people from the building in the event of an emergency.

Requires Improvement

# Is the service effective?

## Our findings

People told us they were happy living at Tranquility House, one person said, "It's very good here". People told us the staff looked after them and they got what they needed. People's relatives told us that they received good care. They said that the staff knew their relative well and gave them the care and support that they needed. A visitor commented, "Staff are always welcoming, and keep me up to date about how Mum is."

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.

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.
There were no mental capacity assessments in place for people to make sure they were given the support they needed to make decisions that were in their best interests. This was not in line with The MCA code of practice, which advises that an assessment is carried out if there is any doubt about the person's capacity to make decisions. The MCA is a law providing a system of assessment and decision making to protect people who do not have capacity to give consent themselves.

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). The provider told us that they had sought information on DoLS. The Care Quality Commission (CQC) is required by law to monitor the operation of DoLS. These safeguards protect the rights of people by ensuring if there are any restrictions to their freedom and liberty. The provider confirmed that DoLS applications had been made where necessary but at the time of the inspection they were still awaiting authorisation. Discussions with staff and the provider showed that they had not all received training and were not fully familiar with the latest criteria in the use of this legislation and how this applied to protect people from restrictive practices. 17 members of staff had attended training in MCA, no staff members had received training specific to DoLS.

The registered person had not acted in accordance with the requirements of the Mental Capacity Act 2005. This was in breach of regulation 11 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

Staff were not fully trained in areas that they required to be knowledgeable about in order to perform their roles safely and to provide the right care and support to meet people's needs. Only 16 out of 22 staff had completed training in manual handling and health and safety and 17 staff had completed training in safeguarding and the Mental Capacity Act. However only five staff had completed training in infection control and only four staff had undertaken first aid training.

Only a few staff had completed training in additional areas that were relevant to the needs of the people in the home, such as six staff had completed dementia training, three staff had completed training in diabetes and one member of staff had completed challenging behaviour training. There was a risk that people would not receive appropriate care because staff did not have the skills or knowledge to support them.

Records of supervisions were not available, although there was a list of supervisions in place. We were told that notes had not been written up at the time of the inspection and they were not available for us to view. We were told that the senior and owner were available to discuss issues with staff at any time. Staff files showed that when supervisions were planned, letters were sent inviting them to a supervision session. The letter had a supervision worksheet attached which asked staff to consider twelve questions to discuss during the session. The questions included "Do you feel that your performance has been good in your job", "Are there areas of concern in your job that you would like to discuss", "What additional training do you feel you need in order to increase your performance in your work" and "Do you feel that I give you the support in your work that you need". From the records available we could not establish that staff had received regular supervision or appraisal, some staff told us that they had not received regular supervision.

Staff had not received appropriate training and support to enable them to carry out the duties they are employed to perform. This was in breach of regulation 18 (2) (a) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

Some staff were completing qualifications appropriate to their role. A senior member of staff was working towards a level 5 manager's qualification and other staff were working towards Diplomas in health and social care.

People's records showed evidence of regular health appointments and contacts with health professionals for example; speech and language therapists, district nurses, dentists, chiropodists and a dietician to ensure people's overall health and wellbeing were maintained. Records showed health professionals were contacted to give treatment as needed. Staff were familiar with medical advice about how to support people and we saw that the advice received was effectively put into practice.

Staff gained people's consent to give them care and support and carried this out in line with their wishes. People were involved in their day to day choices about the food they ate, the clothes they wore, and the activities they preferred. One person's care records showed that a best interest meeting had been held prior to minor surgery to ensure that it was in their best interest.

People received a variety of homemade meals, home baked cakes, biscuits and desserts. People were provided with menu choices and said the food was very good. Some comments included, "The food is very good and home cooked", and "The food is first class." One person told us if they did not like the menu choices for the day "I can ask for something else." One visitor commented, "The food always smells and looks good." Mid-morning and afternoon drinks were served with a choice of biscuits or cakes. The food was well presented, looked appetising and people said they enjoyed it and had more than enough. People were encouraged to eat independently and supported to eat when needed. Soft or pureed diets had been advised by the speech and language therapist for some people, we observed that the chef had made these look appetising by ensuring each item of food was pureed or softened separately. Drinks were provided during meals together with choices of refreshments and snacks at other times of the day.

Requires Improvement

# Is the service caring?

## Our findings

People said they were happy with their care and felt safe. They told us that they liked the staff. One person pointed out the person they would go to if they had a problem. Another said "They are very nice here. They appreciate their elders" and "I cannot fault the staff here".

Staff did not always understand the need for people to express their preferences and for their choices to be supported in a dignified way. One person living with dementia felt the need to go to the toilet and called out repeatedly for support to go. As they had recently been taken to the toilet they were ignored for a while by the staff helping other people to enter the room, and this increased the person's distress. The person was eventually reassured and reminded by staff that they had just been to the toilet and they needed to wait a while. Staff told us that this particular repetitive behaviour was characteristic of the person but showed a lack of understanding of the person's dementia and disregarded the person's dignity. During the first day of the inspection we observed, during lunchtime, people being supported to put on clothes protectors. This was done from behind, so people had no idea what was about to happen or that they were going to be touched until it happened. This was not done unkindly but did not demonstrated good practice.

After the meal a person needed help to go to the toilet and staff reassured them that they would help them to the toilet in a moment, but this was done in a loud voice in front of other people.
One person living with dementia seemed confused about what to do and was told by staff "I will take you to the lounge, OK". This did not allow the person to make a choice. Another staff member was heard saying "we have to take them to the lounge" and assistance was given to take each person out of the dining room one by one.

People were not always treated with respect. This is a breach of Regulation 10 (1) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

Staff spoke respectfully to people, using their preferred term of address. People who were independently mobile could move around the building as freely and sit where they wanted to, as they did so staff chatted to them as they passed.

Staff talked jovially with people as they underwent tasks such as accompanying them to and from parts of the building. Staff knew about people's life history and used it in their interactions with them. The interactions observed were light hearted, kind and friendly. Staff were caring and one said that the best thing about working here was the good atmosphere. They said "there is always laughter".

During lunch people chatted with each other or with staff. Staff reacted with people in a friendly and cheerful way and people laughed with them. There was a calm and supportive atmosphere throughout mealtimes to ensure that people didn't feel rushed and were able to eat and drink what they wanted to. Staff were kind in their manner and checked if people had enjoyed their meal and asked regularly whether there was anything else they wanted. One person needed longer in the dining room than everyone else to eat a full meal and took a great deal of time to eat, so they stayed in the dining room while other people left

it. In this time the meal was allowed to go cold, no-one offered to heat it up. Staff told us this was the person's choice, that they were happy doing this, and they were supporting that. For a period of time after the other people had left the room a member of staff completed daily records nearby but did not converse much with the person. The staff member then left the room, and the person was left eating alone in the dining room without direct supervision for a long period of time. Although checked periodically by staff they could have been at risk of choking, spillage, and social isolation. When staff did check on the person, they were kind and patient and did not attempt to rush them. During the second day of the inspection we saw that a speech and language therapist was giving advice to staff on how they could better support this person.

People could have visitors when they wanted to and there were no restrictions on what times visitors could call. Staff recognised people's visiting relatives and greeted them in a friendly manner and offered them drinks. Visitors told us they could speak to people in private if they wished and gave us positive comments about how well staff communicated with them, telling us staff always contacted them if they had any concerns about their family members. During the inspection we saw that people were afforded privacy when nurses visited to take blood samples.

Staff gave examples of what might make a person distressed and what support they would give to relieve this. People's rooms were personalised with their own possessions according to their choice, so that they could have their own things around them. There were privacy screens in bedrooms for those people that shared to ensure that that their dignity was respected. We saw a lot of interaction between staff and the people they supported was light hearted, warm and friendly.

People's care plans showed that discussions took place at the time of admission to ask if their family members wished to be contacted in the event of any serious illness or accident. We saw where needed, this had happened. Some people who could not easily express their wishes or did not have family and friends to support them to make decisions about their care were supported by staff and the local advocacy service. Advocates are people who are independent of the service and who support people to make and communicate their wishes.

Requires Improvement

# Is the service responsive?

## Our findings

People told us they felt staff supported them and responded to their needs, they said they were asked about their interests and preferences and were offered choices. One person told us, "I get offered choices and can decide my own routine." Another person commented, "I like to stay in my room, I'm happy in my own company, the staff do respect that." Throughout our inspection people were cared for and supported in line with their individual wishes.

Pre-admission assessments ensured that the service would be able to meet people's individual needs. These included all aspects of their care, and formed the basis for care planning after they moved to the home. Each person had a care plan. Their physical health, mental health and social care needs were assessed and care plans developed to meet those needs. Care plans included information about people's next of kin, medication, dietary needs and health care needs. However, we found that some aspects of care planning were not sufficiently developed or adequately detailed to be individually meaningful. They were not personalised specifically for the people they were intended to support, they did not indicate people's daily routines or their preferences for support. Statements in different people's care plans were often the same, for example, the care of hearing aids or glasses, whether or not a person was prescribed these. Various health conditions had been referred to in all care plans, such as asthma or diabetes, again regardless of whether the person had these conditions. This meant that there could be confusion as to whether or not a person was living with a health condition or whether they needed to wear a hearing aid. Care plans had been reviewed regularly but did not accurately reflect recent changes in people's needs. For example, a care plan contained risk assessments for a person who had capacity and had many assessed needs but there was no evidence of the person being involved in making decisions about their care. Staff acknowledged that the person would do what they wanted to do but the care plan did not reflect the person's choices and preferences clearly, nor how staff should deal with their sometimes challenging behaviour. Individual needs and preferences had not been established. Care records often referred to 'the client' rather than the person they were for, for example "Ensure the client has the right glasses on."

The home did not employ anyone specifically to carry out activities with people who lived at the home however staff said that they arranged for outside entertainers to come in approximately once a week such as singers and musicians. Staff said they would try to do activities with people however they didn't always have time. People appeared to be lacking in anything to stimulate or occupy them. Activities reflected staff availability rather than being planned to meet people's needs. Before and after the main meal many people sat together in the lounge in a semicircle with the television on at one end of the room. There was no interaction with people from staff at these times, except to enter the room to offer refreshments or to support people to the toilet, so people dozed in their chairs, or sat for long periods with nothing to do. At this time staff were busy elsewhere in the service. Other people in the service remained in their rooms or seated alone in parts of the building while staff were busy with tasks and staff did not spend time with them. Support offered was task orientated rather than person centred.

The provider had not ensured that the care and treatment was person centred to meet with people's needs

and reflect their preferences. This was in breach of Regulation 9 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

The service had a complaints procedure on display, although this required updating as the contact details for other agencies, such as the local authority or the Care Quality Commission, were out of date, which meant people and visitors did not have the correct contact details should they have wished to complain. Relatives felt they were able to approach staff or the provider with any concerns they may have. There had been no formal complaints since the last inspection.

The provider had failed to establish an effective complaints procedure. The above is a breach of Regulation 16(2) of the Health and Social Care Act 2008 (Regulated Activities) Regulation 2014.

A complaints, comments and compliments book was available for people and their visitors to make use of, the provider told us they regularly checked whether any comments had been made. One visitor told us, "I am very happy with the care my relative receives, but wouldn't hesitate in raising a concern if I needed to. If I needed to complain, I have no reason to doubt it would be taken seriously and sorted out quickly."

Requires Improvement

# Is the service well-led?

## Our findings

People said that the staff were friendly and relatives told us there was a warm atmosphere. Staff said that the service was family orientated and their relatives were well cared for. People, visitors and staff felt that the owner was approachable.

The quality assurance systems were not effective in ensuring the safety of people. Systems had not ensured continuous oversight of key safety checks and required maintenance. For example, checks to ensure all services and equipment used was serviced, safe and fit for use had not identified that checks were overdue or not completed. A current test certificate to certify that the electrical wiring was safe was not in place. Environmental audits had not identified the lack of legionella checks in the water systems or the lack of regular testing of hot and cold water temperatures.

Monthly health and safety checklists had been completed but these had failed to identify the shortfalls we found during our inspection. For example, electrical safety, fire safety and training had all been ticked as 'ok' throughout 2015 but no evidence of testing was available for 2015. Fire safety testing had been marked as 'poor' in January and February of 2016 but no action plan had been put into place to rectify this. This meant that the audits were not effective.

Care records had been signed as reviewed monthly but had not identified conflicting information, such as three different pages on one person's records referred to their hearing, one page said it was good, another said it was poor, and the third referred to their hearing aid. Some records at the service lacked information. For example, records intended to monitor hydration did not provide staff with enough guidance about the target amount people should drink. In addition, the amount of fluid people had drunk was not always quantified. This meant the records in place did not provide sufficient detail for staff to know if people were at risk of dehydration.

This inspection highlighted shortfalls in the service that had not been identified by monitoring systems in place. The failure to provide appropriate systems or processes to assess, monitor and improve the quality and safety of services and keep complete and accurate records is a breach of Regulation 17 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

Staff meetings were infrequent, the last two meetings were in February 2016 and July 2015. Staff felt that these meetings were not always useful as often the same issues were discussed. However, staff told us that the provider was approachable and they felt confident to raise issues with them. Information was shared through handovers at the start and end of each shift, a communication book and a notice board in the staff office. The service was run as a small family home and the provider told us much of the communication between the staff team was verbal. They saw all of the staff regularly and were always on call to resolve any issues. Staff told us they felt supported in their role and they could speak to the provider about any concerns they might have and they would be resolved. This is an area we have identified as requiring improvement.

People and relatives had completed questionnaires to give their feedback about the service provided.

Responses held on file from 2015 contained positive comments such as, "The first thing I noticed was the lovely atmosphere after only 6 weeks here" and "My aunt is very well looked after and the family is very happy with everything." One person commented, "The food is exceptional" and another, "The cleanliness is 100%." Responses from questionnaires were stored together in a file, and we saw that the provider had responded to any queries made by relatives.

People were not asked for feedback through formal meetings but did have opportunities to speak with staff if they were unhappy or had concerns about anything. Throughout the inspection we observed that people were comfortable in approaching all staff with questions or queries.

Relatives were complimentary of the home and said that the provider and staff were approachable and if they needed anything or had any concerns they were always available and would resolve things quickly. Staff we spoke with said they enjoyed working at the service and understood their roles and knew what was expected of them.

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 did not take formal enforcement action at this stage. We will check that this action is taken by the provider.

| Regulated activity | Regulation |
|---|---|
| Accommodation for persons who require nursing or personal care | Regulation 9 HSCA RA Regulations 2014 Person-centred care<br><br>The provider had not ensured that the care and treatment was person centred to meet with people's needs and reflect their preferences. This was in breach of Regulation 9 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014. |

| Regulated activity | Regulation |
|---|---|
| Accommodation for persons who require nursing or personal care | Regulation 10 HSCA RA Regulations 2014 Dignity and respect<br><br>People were not always treated with respect. This is a breach of Regulation 10 (1) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014. |

| Regulated activity | Regulation |
|---|---|
| Accommodation for persons who require nursing or personal care | Regulation 11 HSCA RA Regulations 2014 Need for consent<br><br>The registered person had not acted in accordance with the requirements of the Mental Capacity Act 2005. This was in breach of regulation 11 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014. |

| Regulated activity | Regulation |
|---|---|
| Accommodation for persons who require nursing or personal care | Regulation 12 HSCA RA Regulations 2014 Safe care and treatment<br><br>The provider had failed to have proper and safe |

management of medicines. This is a breach of Regulation 12(2) (g) of the Health & Social Care Act 2008 (Regulated Activities) Regulations 2014.
Care and treatment was not provided in a safe way for people because the provider did not have sufficient guidance for staff to follow to show how risks to people were mitigated. This is a breach of Regulation 12 (2)(b) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

| Regulated activity | Regulation |
| --- | --- |
| Accommodation for persons who require nursing or personal care | Regulation 13 HSCA RA Regulations 2014 Safeguarding service users from abuse and improper treatment<br><br>The provider had failed to have proper systems and processes in place to protect service users from abuse and improper treatment. This is a breach of Regulation 13 (3) of the Health & Social Care Act 2008 (Regulated Activities) Regulations 2014. |

| Regulated activity | Regulation |
| --- | --- |
| Accommodation for persons who require nursing or personal care | Regulation 16 HSCA RA Regulations 2014 Receiving and acting on complaints<br><br>The provider had failed to establish an effective complaints procedure. The above is a breach of Regulation 16(2) of the Health and Social Care Act 2008 (Regulated Activities) Regulation 2014. |

| Regulated activity | Regulation |
| --- | --- |
| Accommodation for persons who require nursing or personal care | Regulation 17 HSCA RA Regulations 2014 Good governance<br><br>This inspection highlighted shortfalls in the service that had not been identified by monitoring systems in place. The failure to provide appropriate systems or processes to assess, monitor and improve the quality and safety of services and keep complete and accurate records is a breach of Regulation 17 of |

the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

| Regulated activity | Regulation |
| --- | --- |
| Accommodation for persons who require nursing or personal care | Regulation 19 HSCA RA Regulations 2014 Fit and proper persons employed<br><br>The provider had failed to undertake robust and safe recruitment of staff. This is a breach of Regulation 19(2) of the Health & Social Care Act 2008 (Regulated Activities) Regulations 2014. |

| Regulated activity | Regulation |
| --- | --- |
| Accommodation for persons who require nursing or personal care | Regulation 18 HSCA RA Regulations 2014 Staffing<br><br>Staffing levels were not sufficient to meets the needs of people and keep them safe at all times. This is a breach of Regulation 18 (1) of the Health & Social Care Act 2008 (Regulated Activities) Regulations 2014.<br>Staff had not received appropriate training and support to enable them to carry out the duties they are employed to perform. This was in breach of regulation 18 (2) (a) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014. |

This section is primarily information for the provider

# Enforcement actions

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

| Regulated activity | Regulation |
|---|---|
| Accommodation for persons who require nursing or personal care | Regulation 15 HSCA RA Regulations 2014 Premises and equipment<br><br>The provider had failed to ensure that services and equipment at the home were checked when needed to help keep people safe. Maintenance systems were ineffective. This was a breach of Regulation 15 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014. |

**The enforcement action we took:**

Warning Notice