

Crawshaw Hall Healthcare Limited

# Crawshaw Hall Medical Centre and Nursing Home

## Inspection report

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## Ratings

Overall rating for this service

Inadequate 

Is the service safe?

**Inadequate** 

Is the service effective?

**Requires Improvement** 

Is the service caring?

**Requires Improvement** 

Is the service responsive?

**Inadequate** 

Is the service well-led?

**Inadequate** 

# Summary of findings

## Overall summary

We undertook a comprehensive inspection on 15 and 17 August 2016. The first day of the inspection was unannounced which meant they did not know we were coming.

Crawshaw hall medical centre and nursing home is registered to provide care for up to 50 people. The home is registered with the Commission to provide nursing or personal care for older people as well as treatment of disease disorder and injury, for people living with a dementia, mental health, older people, people with a physical disability, and younger adults. The home is divided into two separate units one is described as the dementia unit and the other as the medical unit. At the time of our inspection there were 47 people in receipt of care from the provider.

The registration requirements for the provider stated the home should have a registered manager in place. There was a registered manager in post on the day of our inspection. A registered manager is a person who has registered with the Care Quality Commission to manage the service. Like registered providers, they are 'registered persons'. Registered persons have legal responsibility for meeting the requirements in the Health and Social Care Act 2008 and associated Regulations about how the service is run.

During this inspection we identified breaches of the of the Health and Social Care Act 2008 regulations 2014 relating to medications, premises and equipment, staffing, fit and proper persons employed, dignity and respect, good governance, records, person centred care, infection control, recruitment and the 2009 registrations regulations relating to notifications.

People we spoke with told us they felt safe in the home. Staff were able to discuss the appropriate procedures they would take if they suspected abuse. Systems to protect people from the risk of abuse were in place. We saw evidence of completed safeguarding investigations which had been carried out appropriately.

Medicines were not managed safely; we observed the trolley was left unsupervised during the medication round and was not secured to the wall when not in use. We saw that staff did not check medicines had been taken when administered to people.

There was some evidence of risk assessments in place however we saw that these had not been up dated for three months. One record stated competency checks for medicines administration had been undertaken, however when we checked this with the provider these had not been completed.

The provider told us the relevant documentation was in place to protect people from unlawful restrictions. However we saw that the provider had failed to inform the Commission of three approved Deprivation of Liberty Safeguard applications.

People living in the home were offered choices of meals. We saw menus on display with meals choices on

offer on the day of the inspection in one of the units. Some staff were seen engaging in a meaningful and positive dining experience with people who used the service however other people's dining experience was observed as being inadequate.

There was evidence of staff training being provided. However we identified some concerns relating to the delivery of care by one staff member who had not received recent training or competency checks to confirm they had the knowledge to undertake this activity.

People we spoke with told us staff asked permission before undertaking any care delivery and we observed staff knocking on people's door and waiting to be invited in. Care files had some evidence of consent being obtained from people who used the service or their relative, however not all records we examined recorded this.

People we spoke with told us they were happy with the care they received at the home. We saw some evidence of appropriate and timely support for people who used the service.

We observed some concerns relating to the dignity and respect afforded to people. Staff were seen failing to engage positively with people whilst supporting them with drinks and meals in one of the units in the home.

We looked at the records for five people in receipt of care from both units in the home. Whilst some records had evidence of reviews and care plans in place, we had concerns relating to some information contained in them that required up dating and reviewing. Staff told us concerns relating to the reviews of care plans had been raised at a previous team meeting; however we could not see actions taken by the provider to address this.

We saw very little evidence of activities taking place in the home. Records we looked at lacked details relating to the involvement of people who used the service and one activity was documented as when people were asleep.

Visiting health professionals to the home told us that staff made appropriate referrals to them and we saw evidence of review by health professionals in the records we looked at.

There were inconsistencies in the audits and monitoring of the service. There was no evidence of risk assessments in place to mitigate risks associated with open access to stair wells. There was a lack of oversight of monitoring checks taking place in the service.

There was evidence of team and relative meetings taking place. Records identified topics discussed and included actions going forward.

The overall rating for this service is 'Inadequate' and the service is therefore in 'special measures'. Services in special measures will be kept under review and, if we have not taken immediate action to propose to cancel the provider's registration of the service, will be inspected again within six months.

The expectation is that providers found to have been providing inadequate care should have made significant improvements within this timeframe.

If not enough improvement is made within this timeframe so that there is still 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 this service. This will lead to cancelling their registration or to varying

the terms of their registration within six months if they do not improve. This service will continue to 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 so there is still a rating of inadequate for any key question or overall, we will take action to prevent the provider from operating this service. This will lead to cancelling their registration or to varying the terms of their registration.

For adult social care services the maximum time for being in special measures will usually be no more than 12 months. If the service has demonstrated improvements when we inspect it and it is no longer rated as inadequate for any of the five key questions it will no longer be in special measures.

## 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.

Systems to protect people for the risk of abuse were in place. We saw evidence of completed investigations.

Medicines were not managed safely; we observed the medicines trolley was left unsupervised and was not secured when not in use.

Staff suitability checks were not always completed appropriately when new staff were recruited and during their employment.

There was some evidence of risk assessments in place however these were not being consistently updated.

**Inadequate** ●

### Is the service effective?

The service was not effective.

We saw some evidence of a positive meal time experience however we noted the experience for others was less positive.

We saw staff required reviews of their competency and up to date training to ensure the safe administration of medicines.

**Requires Improvement** ●

### Is the service caring?

The service was not always caring.

People we spoke with told us they were happy with the care they received from the home.

We observed some concerns relating to the dignity and respect people received at times in the home.

**Requires Improvement** ●

### Is the service responsive?

The service was not responsive.

**Inadequate** ●

Care files we looked at were not completed adequately and they required reviewing and updating. Staff we spoke with told us they had identified that all care files in one of the units required updating.

People had access to limited activities in the home and records we looked at were brief and basic.

There was evidence of appropriate reviews taking place by visiting professionals to the home.

### **Is the service well-led?**

The service was not well-led.

Arrangements for the quality monitoring of the service were ineffective

There was evidence of team and relative meetings taking place.

We saw some authorised Deprivation of Liberty Safeguards in place however the provider had failed to inform the Commission of these.

**Inadequate** ●

# Crawshaw Hall Medical Centre and Nursing 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 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.

We last inspected the service on 31 March 2015. This was a follow up inspection using the regulations in place at the time to check that the previous breaches that related to consent and meeting nutritional needs had been met. At the time of that inspection the provider was meeting the essential standards of the Health and Social Care Act 2008.

This inspection took place on 15 and 17 August 2016 and the first day was unannounced. This meant the provider did not know we were coming. The inspection was undertaken by one adult social care inspector.

Prior to our inspection we looked at information we held about the service. This included notifications, safeguarding information and any feedback held on our system. Before the inspection, we asked the provider to complete a Provider Information Return (PIR). This is a form that asks the provider to give some key information about the service, what the service does well and improvements they plan to make. Due to technical problems a PIR was not available and we took this into account when we inspected the service and made the judgements in this report.

As part of the inspection we spoke with a number of different people to help us understand the experiences of people who used the service. We undertook a number of observations in public areas of both units at various times during the day; this included the lunchtime period in both units. We used the Short Observational Framework for Inspection (SOFI). SOFI is a way of observing care to help us understand the experiences of people who could not talk with us. We also undertook a tour of the building; this included all of the public areas, the kitchen, bathrooms and a number of people's bedrooms. We spoke with four people

in receipt of care, three visiting family members, three visiting professionals, six members of staff, the registered manager and a director of the company.

We looked at a number of records which included audits and quality monitoring, duty rotas, four staff records, feedback from people using services, and the care files for five people currently in receipt of care.



## Is the service safe?

### Our findings

We spoke with people who used the service and visiting family members about whether they felt safe in the home. People told us they were happy with the care they received and felt safe. Some comments we received were, "I am very happy I have no concerns, my [relative] is safe" and, "My [Name] is absolutely safe I have no concerns."

We looked at how the home ensured the safe administration, storage and recording of medicines. We observed some concerns relating to this. This was because during a walk around of the building we noted prescribed creams had been left visible in some people's bedrooms as well as in one of the public bathrooms. We also saw that whilst the medication trolleys on one of the units was securely locked to a wall when not in use, we saw that staff on the other unit had not safely secured two trolleys to the wall and they had been left in the corridor of the unit. This would increase the risks of misuse of medicines as they were easily accessible to visitors or people who used the service.

During observations of one of the medication rounds we noted that a medication trolley had been left unattended and unlocked by the staff member responsible on a number of occasions. The home's policy for medicines administration required that, 'Trolleys should be locked and fixed to the wall.' We also saw guidance for staff to lock a clinic room door where medications were stored on one of the units however the door had been left unlocked. We brought this to the attention of the staff member in charge however on further checking the room, the trolley had not been secured and the room was still unlocked.

We looked at the medication administration folder and saw that this contained records relating to General Practitioner (GP) advice as well as actions required for safe medicine administrations. The Medication Administration Records (MAR's) we looked at had been completed appropriately and included a coding system when any medicines had been omitted. Staff had access to a medication policy to guide them which had been updated in 2016; however we noted that the nationally recognised guidance used to develop the policy was out of date.

During our observations of the medication rounds we noted that some people received their medications safely and medicines were signed for following their administration. However we saw some people were not protected from the risk associated with ineffective medications administration. This was because one staff member did not ensure people had taken their medication before leaving them and we noted that they had signed the MAR chart prior to medicine administration. We discussed this with the staff member responsible for this who told us they would, "Sign all the MAR charts anyway and would put a code for the medication if they were refused." The home's policy for the administration of medicines directs staff to, 'Not leave medicine dispensed to service user unattended that may accidentally be taken by another service user.'

The provider had not ensured a safe system for the administration of medicines. This was a breach of Regulation 12 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

We undertook a tour of all areas of the home. This included a selection of people's bedrooms, the kitchen

and public areas. We noted people living in the home had access to either washing facilities or ensuite bathrooms in their bedrooms. A number of bedrooms were decorated with personal mementoes and photographs; however some appeared sparse in their decoration in one of the units. We spoke with the provider about this who told us due to the needs of some people who used the service small items were stored safely. When we examined the bedding in some of the bedrooms we saw that the pillows were lumpy, old and required replacing. The provider took action as a response to our concerns and replaced the pillows immediately. During our observations we saw the home was generally clean and tidy however we noted a laundry bag had been left in one of the corridors full of dirty laundry. This posed a potential trip hazard to anyone mobilising in this area. We brought this to the attention of the provider who made arrangements for this to be moved immediately.

We saw a file that detailed essential fire checks and audits in the home. There was some evidence of checks on the environment taking place recently as well as emergency lighting. However not all checks had been completed to ensure people and staff were protected from an unsafe environment. For example, fire drills had not been carried out since 2014 and checks on equipment required more frequent checks to ensure they were safe to be used in the home.

The premises and equipment were not properly maintained or suitable for the purpose for which they were being used. This was a breach of Regulation 15 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014 for premises and equipment.

We saw the improvements that had been made to the environment since the refurbishment in of one of the units. This included a new entrance hall, refurbished bathrooms and decorated corridors. The lighting that had been installed on the unit had sensors to activate when people were moving around the floor. This would ensure adequate lighting was available at all times for staff and people who used the service. People had access to lounge and dining facilities. There was a second lounge available if people requested a quiet space. We saw people who used the service had access to a lawned area with outside seating. The provider told us this was used regularly when the weather was favourable. We saw a number of people who used the service sat outside during our inspection.

During our observations we noted people were at risk of infection because we saw equipment such as bedpans and urine bottles had been left on the floor in three of the five sluice rooms we checked. Also staff had no access to hand towels or soap in four of the sluice rooms in the home. We also noted personal toiletries had been left in one of the public bathrooms. We discussed these increased infection control risks with the provider who removed the equipment from the floor and provided appropriate storage and hand washing facilities in the sluice rooms.

We saw that there was a cleaning trolley with a number of items to maintain cleanliness of the home. During our observations of one of the units we noted that this had been left unsupervised by the staff member responsible in a public area of the home, this could increase the risks of misuse of the products. We discussed this with the provider who gave assurance that the trolley would not be left unsupervised going forward.

The provider failed to protect and control the risk of the spread of infection. This was a breach of Regulation 12 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014 for Safe care and treatment.

We noted areas of the home were generally clean and tidy and staff were seen using appropriate personal protective equipment such as gloves and aprons when undertaking any activity with people who used the

service.

We asked the provider about how the service ensured staff were safely recruited. We identified some concerns relating to investigations the provider took when concerns around previous roles and responsibilities had been identified.

We also noted that there was no evidence of regular annual checks for qualified nurses taking place to ensure their professional registration was in place and up to date to ensure safe delivery of care. We discussed this with one of the directors who confirmed on the second day of our inspection that all professional registration checks had taken place and were now up to date.

Staff were not safely recruited and processes were not operated effectively. This was a breach of Regulation 19 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014 for Fit and proper persons employed.

We were shown the staff files for three staff members. There was some evidence of safe recruitment taking place such as completed applications, reference requests, proof of identification and Disclosure Barring Service (DBS) checks. The DBS helps employers make safer recruitment decisions and prevent unsuitable people from working with vulnerable groups.

We looked at the duty rota file and saw records included duty rotas and staff emergency contacts. Records indicated staffing ratios for each unit and each shift. However when we spoke with staff about the staffing numbers they raised concerns about the numbers of staff on one of the shifts to meet people's individual needs. They stated personal care needs for a number of people required the support of two staff members. When only two staff were available this meant that there was no staff available to support other people during this time. The provider told us they had recently recruited more staff to cover the busy evening period on one of the units as well as increasing the staffing numbers to ensure people's needs were met when the numbers of people living in the home had increased. Staff we spoke with confirmed there had been an increase in the staffing numbers since this occupancy increase. However we were told, "We are busy, there is not enough trained staff."

We asked the provider about whether they undertook regular analysis of people's individual needs to ensure there was enough staff to meet their needs. The provider told us monthly reviews of dependency were completed for people who used the service; this would ensure their individual needs were being met. The provider said if people's needs changed and they required a, 'Higher level of care' they would review the staffing numbers. We checked the care records for five people currently in receipt of care at the service and saw only two had been reviewed recently. This meant the analysis of staffing needs did not reflect people's current needs

There was also another record called a, 'Supervision summary' on one of the units in the home. This identified that a number of the staff had not had supervision this year and the remainder had only received one supervision session. Completed staff supervision records we looked at identified supervision sessions had not been completed recently.

Staff employed by the service were not receiving appropriate supervision to enable them to carry on their duties. Systems and processes to ensure sufficient numbers of suitably qualified staff were ineffective. This was a breach of Regulation 18 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014 Staffing.

One staff member we spoke with told us they had a responsibility to undertake supervision to more junior staff members. One person we spoke with told us they received, "Supervision every two months." We looked

at the supervision and appraisal file which contained details of supervision forms. We saw topics discussed at the supervision included, training and development needs, monitoring of work, support and guidance and employees guidance.

We asked about how the provider monitored risks in the home. The registered manager was unable to confirm if environmental risk assessments had been completed. However the provider showed us some evidence of risk assessments in place such as fire risk assessments, kitchen safety and health and safety, however we saw these had not been completed in the last three months. One of the records noted appropriate checks had taken place for safe administration of medicines however when we discussed competency staff checks with the provider, we were told these had not been undertaken.

Staff we spoke with told us they were confident people who used the service were safe in the home. They were able to discuss the appropriate procedures that they would take if they suspected abuse and confirmed they had received training in the protection of vulnerable adults. We saw evidence of completed training in some of the staff files we looked at. This would ensure people who used the service were protected from the risks of abuse.

We asked about how the provider monitored any investigations into allegations of abuse. We were told that all relevant records were, "Scanned into the computer", this included any actions required by the home to ensure people were protected. We saw evidence of a completed investigation which included details of the investigation as well as the actions required as a result of the investigation.

## Is the service effective?

### Our findings

We spoke with people who used the services, relatives and visitors to the home about the skills of the staff team delivering their care. We received positive feedback from them. One person told us, "The staff are good, they help."

During our inspection we observed some concerns relating to the competency of a staff member in relation to the administration and storage of medicines. We asked the provider about how they ensured staff were monitored and trained appropriately to undertake this task. The provider was unable to confirm that appropriate training and monitoring of administration of medicines had taken place. We checked the staff training record and could not see any evidence of medication training taking place. This meant people were not protected from the risks associated with unsafe medicines administration.

The provider failed to ensure staff had the competence and skills necessary for their work. This was a breach of regulation 19 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014 Fit and proper person employed.

Staff we spoke with told us they had received training relevant to their role. One staff member told us about a nationally recognised training course they were in the process of completing and another staff member told us they had received all relevant training updates. We were shown copies of the training material used to update the knowledge of the staff team. Topics covered included, infection control, fire, health and safety and communication. Some elements of the staff training consisted of a DVD and worksheets. The provider told us all new staff were completing the care certificate as well as training from a recognised training company. We looked at staff files and saw evidence of training certificates for completed training. However there was a training file which contained some staff training records which identified only one of eight training workbooks had been completed. This meant records to confirm the relevant training were incomplete.

During our inspection we undertook observations of the meal times in both dining areas of the home as well as observing the support offered when drinks were provided to people who used the service. We saw on one of the unit's that people enjoyed a positive dining experience and it was clear from the chatter at lunch time that mealtimes were relaxed and informal. Staff were engaging positively with people and were seen offering choices to them. However we identified some concerns relating to the dining experience for people on the other unit in the home. There was some evidence of basic conversations taking place during the meal time experience and limited support for people to eat their meals. However we also saw that staff failed to provide some people with positive encouragement with their meals. For example some people were not informed about what they were eating or drinking or offered positive encouragement and support from the staff member supporting them. We saw one staff member tapping one person's teeth to open their mouth with a spoon, they offered not verbal or touch prompts to encourage them with their drink. One person was observed eating a meal unsupported despite instructions by the staff member in charge to support them and another person was seen waiting over 40 minutes for their meal. We spoke with staff about this who told us this was due to the amount of people that required support with their meals.

People were not offered the required support for them to eat and drink. This was a breach of Regulation 14 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014 meeting nutritional needs.

We spoke with people who used the service about the quality of the food on offer in the home. People we spoke with told us they had no concerns with the food and there were choices available to them. We saw choices of meals on display in one of the two dining rooms and staff were seen offering choices to people during the meal times we observed.

We saw evidence of appropriate checks on food storage taking place in the kitchen as well as records relating to temperature checks on prepared meals that were offered to people. This would ensure food was maintained and offered in line with appropriate guidance. Kitchen staff confirmed they received regular deliveries of food each week and that there were always enough supplies of food to offer to people at all times.

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 make particular decisions, any made on their behalf must be in their best interests and as least restrictive as possible. People can only be deprived of their liberty to receive care and treatment when this is in their best interests and legally authorised under the MCA. The application procedures for this in care homes are called the Deprivation of Liberty Safeguards (DoLS).

We spoke with staff about their understanding of MCA and DoLS. We were told, "I have done dementia and DoLS training in the past but I could do with refresher". Staff we spoke with told us they had completed the relevant training to protect people from unlawful restrictions. We saw evidence of training material on DoLS that staff completed in the home. However, we saw a workbook for staff which included details relating to DoLS training. Records indicated only one of the eight we looked at had completed the training. There was also no evidence of completed DoLS training in any of the staff files we looked at.

People we spoke with told us staff asked for their consent before undertaking any activity and we observed staff knocking on people's doors and waiting to be invited into their rooms. However when we checked the care files we saw that only three of the five care files we looked at had any evidence of consent to care delivery documented as signed by either the person in receipt of care or relative. It was not clear if people using the service had agreed to the plan of care that was being delivered in the home.

## Is the service caring?

### Our findings

We spoke with people who used the service as well as visitors about the care that they received in the home. We received some positive feedback. Examples were, "I am happy with the care, it is a lovely home", "I am very happy with the care, the staff are lovely" and, "I am happy, it is a nice home."

We observed staff generally responded to people's individual needs in a timely manner. Buzzers were answered promptly and the staff were seen undertaking care tasks when required in a kind and unrushed way. We saw some evidence that staff engaged in positive caring relationships with people and people were observed to be nicely dressed in clean and well-kept clothing.

We saw that on a number of occasions some staff failed to respond to people's care needs in an appropriate and timely way to ensure their dignity and respect were maintained. For example we observed a number of people dependent on staff to ensure their dignity was maintained at all times were not given the help and encouragement that they needed to eat the food and drink provided. We saw people were given drinks and snacks without any communication from staff taking place. We also observed one staff member was tapping on one person's teeth to open their mouth. This staff member offered no support either verbally or through touch. People were not provided with any information about what they were eating or drinking, and staff failed to adopt an appropriate position or appropriate and timely support with meals and drinks during this activity.

We also observed on one of the units that staff failed to respond in a timely manner to offer support or reassurance for one person who was vocal for long periods of time. Staff were also seen changing the television channel without asking for people's choices of what they wanted to watch and we saw another two other occasions where staff were watching the television instead of engaging with people who used the service in the lounge.

The provider failed to ensure people who used the service were treated with dignity and respect. This was a breach of Regulation 10 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

Professionals who visited the service told us, "This is one of my favourites." There was also evidence of positive feedback about the care delivered by the home in thank you cards on display. Examples of comments seen were, "Thank you so much for looking after our [Relative]. You all showed her kindness care and friendship. She was treated with respect, dignity and patience" and, "My heartfelt thanks to each and every one of you for the care you gave to [My relative]."

Whilst two of the five care files we looked at had up to date information that would be required by staff to meet people's individual care needs and requirements, there was a further three that had not been reviewed for some time and did not reflect people's current care requirements.

## Is the service responsive?

### Our findings

People who used the service told us their care had been discussed with them and that they were happy with the care that they received. Some examples of comments received were, "I am happy with the care."

One staff member told us care files were reviewed monthly and people who used the service or their families were involved in the reviews. Another staff member said, "The care files are all up to date, any changes are recorded in them." However this did not reflect our findings on inspection.

We looked at five care files from both units in the home. We saw that whilst some records had been reviewed regularly and contained details of how to meet people's individual needs, three records from one of the units had information in them that required updating. We saw evidence that confirmed they had not been updated for some time and did not reflect people's individual needs. Care plans were in place but some care plans had gaps in them or were incomplete. For example, one care plan relating to medications was incomplete and did not accurately reflect the person's current need or guidance on how to meet this need. We saw risk assessments in one of the files had been completed incorrectly and did not reflect the person's current needs and risk. In another record the care plan had not been updated to reflect a change in one person's condition and some risk assessment had not been reviewed for some time. We also saw one record had conflicting information in relation to allergies on the MAR. This meant that people were at risk of care provided that did not reflect their current need or wishes.

We saw that records were chaotic and disorganised which would make it very difficult for staff to understand people's current needs. There was a record labelled 'indicator of dependency' in four of the five care files we looked at which covered topics such as, mobility, elimination and eating and drinking. Whilst these records had evidence of completion, one did not accurately reflect the person's individual needs and current medical conditions and three had not been completed in full. This meant the system to monitor the dependency for this person was inaccurate.

Daily records had not been completed consistently. For example records relating to the moving and positioning of people who used the service had not been recorded two hourly despite care files indicating two hourly positional changes were required. Daily diary entries had been completed by staff who had used a coding system which was linked to people's care plans. Records required updating and review to ensure they reflected people's current need. There were records relating to personal care such as a shower list. Whilst this indicated what day's people were allocated a shower, there was no guidance for the staff to advise that people's choices on their personal requirements must be priority if they did not want a shower on the day allocated. There was also a monthly record for showers provided for people on one of the units which showed whilst there was 19 of the 24 people's names on the records only nine of the 19 people on the unit had had a shower.

We observed a number of people were being moved around the home in wheelchairs without the use of footplates to protect them from risk of injury. We spoke with staff and the registered manager about this who told us footplates were not on wheelchairs at the request of people who used the service, but they



could not confirm if this choice with up to date care plans and risk assessments. We checked the care files for two people we observed without footplates and saw no record of their choices with regard to their mobility needs and preference or any risk assessment completed to mitigate the risk associated with this.

There was a care plan audit that had not been completed since March 2016. Staff we spoke with told us they were aware that care files required updating and this had been discussed during a team meeting one month prior to our inspection. We saw evidence of this being discussed with the management in the meeting minutes we looked at.

We spoke with the registered manager who confirmed that this had been discussed this in the team meeting with the staff. They could not provide any action plan to ensure plans were in place and timely reviews of care files were undertaken. We asked the provider to develop an action plan identifying their plan to address the shortfalls in the care plans to ensure people received appropriate care from staff.

The provider failed to ensure assessments and care plans were accurate and reflected their current and individual needs. This was a breach of Breach Regulation 9 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014 Good Governance.

There were some records relating to care planning which held details of relevant information that would be required in people's care files to ensure staff had access to guidance on what was required to be added into people's care files. We saw in one of the units staff had developed a communication note book that was kept in people's bedrooms. We were told this helped with communication between staff and family members about the care people received. We saw evidence of records completed by the family about a person's care.

We saw the home had two resident cats and a fish tank. One person who used the service had their own pet in their room. During a tour of all areas of the building we saw photographs relating to some events that had taken place such as a sing along and a visit by the fire brigade. There was no record on display to advise people who used the service or visitors to the home what activities were on offer in one of the units and on the other unit there was a hand written note which contained basic details of some activities on offer such as, quiz board and games.

We saw an activities sheet on one of the units that staff recorded basic details of activities available for people who used the service which included bag making, skittle painting and bingo. Records were brief and had no details about the involvement or enjoyment of people who used the service. We saw staff had recorded people being 'Asleep' as an activity undertaken by a number of people. We also noted the records had not been completed consistently and there were gaps in the dates for the records. We asked about the recording of completed activities on the other unit in the home. Staff told us that people's participation in activities was not recorded. Following our inspection the provider told us they were developing more detailed records relating to the activities taking place in the home, as well as introducing more meaningful activities for people who used the service.

During our inspection we saw that there were no activities taking place on one of the units and only basic activities on one of the days taking place on the other unit. A visiting professional to the home told us they had raised concerns about the lack of activities with the home on a number of occasions.

The provider failed to ensure people received care that met their needs and reflected their preferences. This was a breach of Breach Regulation 9 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014 Person Centred Care.

Staff we spoke with told us they had regular visits from health professionals to ensure people's health needs were reviewed regularly. We spoke with a visiting professional on the day of our inspection who told us they received appropriate and timely referrals from the service. One staff member we spoke with told us, "The general practitioners are good and will act on our advice and investigations." We saw evidence of visits taking place by professionals. Notes included actions taken and advice for staff to follow.

We looked at thank you cards received by the provider and saw positive feedback had been received for example, "Thank you so much for looking after our [name]. You all showed her kindness care and friendship. She was treated with respect, dignity and patience", "My heartfelt thanks to each and every one of you for the care you gave to [my relative]. Thanks also for the support you all gave to me it will never be forgotten, with much love" and, "Thank you for looking after [my relative]."

There was a copy of the complaints policy on display in the entrance hall to one of the units and we saw copies of the complaints policy in a number of people's bedrooms. This would ensure effective systems to inform people how to raise any concerns were in place.

## Is the service well-led?

### Our findings

The registration requirements for the provider stated the home should have a registered manager in place. A registered manager is a person who has registered with the Care Quality Commission to manage the service. Like registered providers, they are 'registered persons'. Registered persons have legal responsibility for meeting the requirements in the Health and Social Care Act 2008 and associated Regulations about how the service is run. The home had a registered manager in place at the time of our inspection.

Staff told us they were happy working in the home and that the provider was a, "Good employer". Another said, "[Registered manager] is a good manager, he is approachable", "The manager is supportive he will sort things out" and, "The support of [Director] is fantastic and [Registered manager] is extremely approachable he is always around."

Systems to ensure that a robust and efficient quality monitoring process was in place were lacking. We saw a quality assurance file that had details of audits to be undertaken in the home. Topics included, a care audit and action plan, admin audit and action plan, care plan review and housekeeping audit and action plan. We saw all of these records were blank. There was another file with records relating to further audits taking place for care plans and falls. However, there were notes on actions taken as a result of the audits. We saw evidence that a completed audit relating to assessment for competency for medicines administration and training stated staff were up to date with this training, however during our inspection the provider confirmed no competency checks had taken place for staff responsible for medicine administration.

There was evidence of a lack of leadership and oversight in the home. This was because we asked the registered manager about whether environmental checks were taking place in the home. The registered manager was unable to confirm what checks on equipment or the home were in place other than to speak with the staff member responsible for these checks. A director of the company was able to produce some evidence of checks taking place in the home.

We also asked whether any assessment of risk had taken place to mitigate the risks associated with open access to the stairs where people were mobilising independently around the home in wheelchairs. The registered manager told us no assessment of risk had taken place to mitigate the risks for the people currently in receipt of care. We saw a number of people who used the service were mobilising around the home without the use of footplates. We discussed this with the registered manager who demonstrated lack of understanding of the requirement to undertake a risk assessment to mitigate the risks associated with this activity.

There was a policy file in place for staff to access specific guidance developed by the provider to meet people's needs. However we noted that the policies had not been updated since 2013 and we saw that one of the policies has been developed in line with out of date regulations and guidance. The provider told us there was a second set of policies that were available for the staff to use that had been updated more recently, however we noted staff had access to both versions of the policies. This meant there was no consistent up to date policies available for staff to ensure people were care for safely.

The provider failed to ensure people were protected from the risks of ineffective quality monitoring and

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

Visiting professionals we spoke with told us, "This is one of my favourite homes." Relatives we spoke with told us, "I am happy with the care in the home."

We saw evidence that people's views were important to the provider as we were shown completed regular questionnaires from relatives of people who used the service. Records indicated positive feedback about the care delivered by the provider in relation to the appearance and cleanliness of the home and gardens. However some concerns were raised relating to the lack of activities that were provided in the home. Comments included, "The home is much better now the building work is complete". We saw evidence of the actions taken by the provider as a result of the feedback received.

The provider told us that they held regular meeting with relatives and we saw copies of records relating to engagement meetings. It was clear relatives were listened to and actions were taken as a result of the feedback received. We also saw one of the units had a suggestions box which would enable people who used the service or visitors to the home to leave comments about the home and care provided.

Some staff we spoke with told us they had attended team meetings and were kept up to date by the provider. We saw evidence that staff were kept up to date and informed about any changes in the home. We were shown records relating to a recent team meeting showing attendees as well as topics discussed such as the morning routine and fridge temperatures.

We looked at how the provider ensured people were receiving a quality service that was being effectively monitored. The provider showed us a copy of records submitted regularly to the Clinical Commissioning Group which was part of their responsibility to inform the wider professionals of the monitoring taking place in the home.

The provider maintained detailed records of incidents and accidents in the home. Records had details of the incident or accident along with actions taken as a result. This would ensure analysis of any incidents or accidents could be completed.

Copies of certificates such as the provider's registration with the commission, a current food hygiene rating, employer's liability insurance and investors in people certificate from 2014 were on display in the entrance to one of the units. There was also a notice board in one of the offices which had guidance for staff to follow such as a dignity in care charter, how to raise concerns and Health and Safety Executive advice.

We asked the provider about whether there was any DoLS authorised for people living in the home. We were told all applications had been submitted but none had been authorised by the assessing authority. However when looked at a file that contained details relating to completed DoLS applications, we saw three DoLS had been authorised this year. We asked the provider about this who confirmed these had been authorised but could not confirm the relevant notification had been sent to the Commission. The provider has a regulatory responsibility to inform the Commission of any authorised DoLS.

The provider had not notified the Commission of authorisations in respect of Deprivation of Liberty. This was a breach of Regulation 18 of the Care Quality Commission (Registration) Regulations 2009.

This section is primarily information for the provider

## Action we have told the provider to take

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

Regulated activity	Regulation
Accommodation for persons who require nursing or personal care Treatment of disease, disorder or injury	Regulation 18 Registration Regulations 2009 Notifications of other incidents  The provider failed to inform the Commission without delay of an authorisation for DoLS from an authorising body 18. – (4B)
Accommodation for persons who require nursing or personal care Treatment of disease, disorder or injury	Regulation 9 HSCA RA Regulations 2014 Person-centred care  The provider failed to ensure people received care that met their needs and reflected their preferences.  9. – (1) (b) (c)
Accommodation for persons who require nursing or personal care Treatment of disease, disorder or injury	Regulation 12 HSCA RA Regulations 2014 Safe care and treatment  The provider failed to ensure medicines were managed safely. The provider failed to protect and control the risk of the spread of infection.  12. – (2) (g) (h)
Accommodation for persons who require nursing or personal care Treatment of disease, disorder or injury	Regulation 14 HSCA RA Regulations 2014 Meeting nutritional and hydration needs  The provider failed to ensure service users received the necessary support to eat and drink.

14. – (4) (d)

**Regulated activity**

Accommodation for persons who require nursing or personal care

Treatment of disease, disorder or injury

**Regulation**

Regulation 15 HSCA RA Regulations 2014  
Premises and equipment

The provider failed to ensure premises and equipment used by the service was suitable for the purpose for which they were being used and properly maintained.

15. – (1) (c) (e)

**Regulated activity**

Accommodation for persons who require nursing or personal care

Treatment of disease, disorder or injury

**Regulation**

Regulation 18 HSCA RA Regulations 2014 Staffing

The provider failed to ensure systems and processes to ensure sufficient numbers of suitably qualified staff were ineffective. Staff employed by the service were not receiving appropriate supervision to enable them to carry on their duties.

18. - (1) (2) (a)

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 10 HSCA RA Regulations 2014 Dignity and respect
Treatment of disease, disorder or injury	The provider failed to ensure people who used the service were treated with dignity and respect.  10. – (2) (b)

### The enforcement action we took:

Warning notice

Regulated activity	Regulation
Accommodation for persons who require nursing or personal care	Regulation 17 HSCA RA Regulations 2014 Good governance
Treatment of disease, disorder or injury	Regulation 17 of the Health and Social Care Act 2008 Regulations 2014 Good governance.  The provider failed to ensure people were protected from the risks of ineffective assessment and quality monitoring.  The provider failed to maintain accurate, complete and contemporaneous records in respect of people who used the service.  17.- (1) (2) (a) (b) (c)

### The enforcement action we took:

warning notice

Regulated activity	Regulation
Accommodation for persons who require nursing or personal care	Regulation 19 HSCA RA Regulations 2014 Fit and proper persons employed
Treatment of disease, disorder or injury	The provider failed to ensure persons employed for the purposes of carrying on a regulated activity had the competence and skills necessary for the work performed by them. Staff were not safely recruited and processes were not operated effectively.

**The enforcement action we took:**

Warning notice