

Senex Limited

# Ashleigh House

## Inspection report

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### Ratings

Overall rating for this service

Requires Improvement 

Is the service safe?	<b>Requires Improvement</b> 
Is the service effective?	<b>Good</b> 
Is the service caring?	<b>Good</b> 
Is the service responsive?	<b>Requires Improvement</b> 
Is the service well-led?	<b>Requires Improvement</b> 

# Summary of findings

## Overall summary

This inspection took place on 27 and 28 January 2016. The inspector also returned on 5 February 2016 to follow up on information that was unavailable at the time of the previous site visits. This was an unannounced inspection. At the last inspection on 3 February 2015, the provider was found to require improvements.

Ashleigh House provides accommodation and personal care for up to 13 older adults. Nursing care is not provided. At the time of our inspection there were 11 people living at the home.

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

The provider had some management systems in place to assess and monitor the quality of the service; however these had not always been used or recorded effectively.

People's needs were not always met because there was not always enough staff available to support them.

People were not always safe from the risk of cross infections because infection control processes were not always followed.

People did not always feel involved in the planning or review of their care.

People were engaged in group or individual social activities to prevent isolation, but access to this was limited to three days a week when the activity coordinator was available.

People received their medicines as prescribed; however medication administration was not always available at night and was not always recorded accurately.

Therefore we found the service to be in breach of Regulation 18 of the Health and Social Care Act 2008 (Regulated Activities) regulations 2014 because systems in place to assess the appropriate staffing levels were not effective and staff were not always appropriately skilled or permitted to use their skills in order to provide people with the care and support they required. You can see what action we have asked the provider to take and the end of the report.

People who lived at the home felt safe and secure and people were protected from the risk of harm because staff were aware of the processes they needed to follow.

People received care from staff who had received adequate training to gain the knowledge and skills they

required to do their job effectively.

Key processes had been fully followed to ensure all people's rights were protected to ensure people were not unlawfully restricted.

People were supported to access health care professionals to ensure that their health care needs were met. Health care needs for people were assessed and regularly reviewed.

People were supported to have food and drink that they enjoyed.

People and relatives felt staff were caring, friendly and treated people with kindness and respect.

People and relatives were encouraged to offer feedback on the quality of the service and felt confident that if they had any concerns or complaints, they would be listened to and the matters addressed quickly.

Staff felt supported in their work and reported Ashleigh House to have an open, honest leadership culture.

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

We always ask the following five questions of services.

### Is the service safe?

**Requires Improvement** 

The service was not always safe

People's needs were not always met because there was not always enough staff available to support them.

People were not always safe from cross contamination because infection control processes were not always followed.

People were protected from the risk of harm because staff were aware of the processes they needed to follow.

People received their prescribed medicines as required.

### Is the service effective?

**Good** 

The service was effective

People received care from staff who had received adequate training to gain the knowledge and skills they required to do their job effectively.

Key processes had been fully followed to ensure all people's rights were protected to ensure people were not unlawfully restricted.

People's nutritional needs were assessed and monitored to identify any risks associated with nutrition and hydration and had food they enjoyed.

People received effective support because staff worked closely with other healthcare professionals when necessary.

### Is the service caring?

**Good** 

The service was caring.

People were supported by staff that were kind and caring to them.

Staff were respectful and caring towards people and maintained people's dignity.

Staff knew the people they were caring for and supporting, including their personal preferences and dislikes.

### Is the service responsive?

The service was not always responsive.

People did not always feel involved in the planning or review of their care.

People were engaged in group or individual social activities to prevent isolation, but access to this was limited to three days a week when the activity coordinator was available.

People were supported to maintain relationships with their friends and relatives.

People were encouraged to offer feedback on the quality of the service and knew how to complain.

**Requires Improvement** ●

### Is the service well-led?

The service was not always well led.

The management team had some systems in place to assess and monitor the quality of the service; however these had not always been used or recorded effectively.

People, relatives and staff said the registered manager was approachable and responsive to their requests.

Staff felt supported in their work and reported Ashleigh House to have an open, honest leadership culture.

**Requires Improvement** ●

# Ashleigh 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 unannounced inspection took place on 27 and 28 January and 5 February 2016. The inspection was conducted by two inspectors and an Expert by Experience. An Expert by Experience is a person who has experience of using or caring for someone who uses this type of service.

As part of the inspection we looked at the information that we hold about the service. This included notifications from the provider about deaths, accidents/incidents and safeguarding alerts which they are required to send us by law. We also received feedback from the local authority with their views about the service provided to people at Ashleigh House.

During our inspection, we spoke with seven people who lived at the home, two relatives, seven members of staff including a senior carer, care staff, an activity co-ordinator, a domestic and a member of the catering staff. At the time of our inspection, we were told that the registered manager was on holiday and therefore a covering manager arrived to support our inspection. However we did speak with the registered manager upon her return to work on the third day of our inspection. We used the Short Observational Framework for Inspection (SOFI). SOFI is a specific way of observing care to help us understand the experience of people who could not talk with us. We reviewed the care records of three people, to see how their care was planned and looked at the medicine administration records as well as observed a medication administration round. We looked at training records for staff and at two staff files to look at recruitment and supervision processes. We also looked at records which supported the provider to monitor the quality and management of the service, including safeguarding, accidents and incident records and compliments and complaints.

## Is the service safe?

### Our findings

People we spoke to told us they felt Ashleigh House was kept clean, however we found that people were at risk of cross infection. We found that staff did not always follow safe practice around infection control. Staff we spoke with told us that they used a plastic jug to empty catheter bags which they then disposed of the contents down the toilet and washed the jug out either in the bath or in a basin in the cellar. We saw that the basin in the cellar was clearly labelled as a hand wash basin and staff we spoke with told us that they sometimes use the sink to wash their hands after dealing with the laundry. This posed a risk of cross infection. We spoke to the covering manager about our concerns who told us that the provider supplied disposable bed pans for the staff to use during catheter care and that, "Under no circumstances should staff be using or washing out jugs". The covering manager showed us the supply of disposal bed pans to be used. When we returned for the second day, we saw that the covering manager had produced a written notification to all staff to remind them of the correct protocol when attending to catheter care and that staff had been required to sign the notice to confirm that they had read and understood it.

We found that there was not always enough staff available to meet people's needs. One person told us, "There is not always enough staff, they take a long time sometimes when I ring my [call] bell". Another person said, "I would like more care staff, they are hard pushed". People we spoke to told us that they tend not to ask staff for help because they seem to be too busy particularly the night staff. One person said, "They are so busy, I don't want to bother them". Another person told us, "They take a long time when I pull the cord [for assistance]; I feel like a nuisance". Staff told us that the service only has one member of staff on site at night time and that if there is a problem they call the senior carer or a manager (depending on who is "on call" that evening). One member of staff said, "There is one carer at night, in an emergency we would have to call 999 but there is no other support on site; we can call the manager or the senior carer on call and they could come in". Another member of staff told us, "If we need additional help at night we have to call whoever is on call; it is ok but sometimes it is hard to get hold of them".

During our inspection we saw one person had difficulty standing up from their chair. Staff we spoke with agreed that this person required the support of two care staff in order to transfer safely. One member of staff told us, "Yes, it is difficult to support [person's name] to get up if you are on your own; I worry about them falling". Another member of staff said, "I am not sure I could support [person's name] on my own". The covering manager told us that they and the registered manager had discussed this person's manual handling needs and were concerned that it required two members of staff; however we found that their care plan or risk assessment had not been updated to show that a review of their care had been done and what action the provider planned to take as a result.

Furthermore, we found that the service had not increased the staffing levels at night and therefore if this person wanted to get up during the night, one member of staff would have to support this person on their own which would potentially be unsafe. Night staff we spoke with told us, "It's not ideal, [person] has a hospital bed which helps her to get up but once she is in the chair she slides [down], so yes it's very difficult on your own at night; but she tends to stay in bed once she is in it. I have told [registered manager] that she needs an Occupational Therapy assessment". Additional concerns regarding the staffing levels at night

would be the level of assistance people would require in an emergency, such as if there was a fire for example. We saw a number of different people required either support or supervision whilst mobilising, throughout our inspection and one member of staff would not be considered sufficient to provide support and reassurance to 11 people or to safely evacuate people from the building.

We raised this with the covering manager at the time of our inspection; they acknowledged our concerns but stated that it would not be financially viable to increase the staffing levels at the home. They felt that there were adequate numbers of staff for a small residential home and these staffing levels had not posed a problem previously.

We were told that all of the people living at the home required support to take their medication and people we spoke to told us they received their medication when they required it. One person said, "I am given my medication when I need it and they [staff] make sure I take it". However, staff we spoke with told us that they all received medication management training but only day staff administered medication. One member of staff told us, "They [night staff] are trained but they don't get involved in the medication". Another member of staff said, "We don't do medication at night". We asked staff what they would do if someone woke up during the night in pain and requested pain relieving medication. Staff we spoke with told us, "We would have to call the person on call for advice; there is no protocol to follow". Another member of staff said, "If it was serious pain we would have to call an ambulance, otherwise we would just try to reassure them [people]". The covering manager told us that they would expect the staff on duty to contact the person on call and they would be advised to consider other pain relieving techniques such as a warm towel for arthritic pain, for example. Alternatively, they could call the out of hours GP to authorise administration PRN (as required). The covering manager advised that there is no written protocol available to staff with this guidance but acknowledged that one would be beneficial.

We found that the service had a self-medication policy and risk assessment available to people if they wished to administer their own medications but we were told that none of the people living at the home were responsible for their own medications at the time of our inspection. During our inspection we observed a medication round and saw that staff explained to people that it was time to take their medication. There were people who required medicines 'as and when' on an ad-hoc basis (PRN). We saw there were procedures in place to help staff to identify when to give these medicines to people, which included the staff asking people if they needed the medication; giving them choice and control. However, these procedures were not implemented at night because night staff were not permitted to administer medication. Staff we spoke with were aware of prescribed emergency medications they had in the medicines cupboard, who they were for and how to administer these if required. For example, one person was prescribed Glyceryl Trinitrate (GTN) for angina and a staff member told us, "That's for [person's name], if she has chest pains we have to spray that under her tongue". We saw that medications were stored and disposed of safely.

However, we found that due to the restrictions placed on the night staff in administering medication, people may have experienced an unnecessary delay in receiving their medication, including emergency medication, when they required it. Therefore, at the time of our inspection we found the service to be in breach of regulation 18 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014 because systems in place to assess the appropriate staffing levels were not effective and staff were not always appropriately skilled or permitted to use their skills in order to provide people with the care and support they required.

We saw that some risks to people had been appropriately assessed, for example environmental risks to people around the home. However, some of the risk assessments we looked at lacked detail and some



people did not have risk assessments relating to the care they required. For example, only one out of the three care records we looked at had a manual handling risk assessment. We raised this with the covering manager at the time of our inspection and they recognised that the care records, including the risk assessments needed updating. Nevertheless, people we spoke with told us that the staff knew how to care for them and they felt safe.

People we spoke with told us they felt safe at Ashleigh House and if they had any concerns they would speak to the staff or the registered manager. One person said, "I feel very safe here". Another person told us, "I feel safe and if I didn't, I'd feel comfortable to raise it with the [registered] manager". A relative told us, "It gives my sister and I peace of mind knowing mom is here". There were a number of people living at the home who were not able to tell us about their experience. One staff member said, "We get to know the people who live here, so if something was wrong, we would know." Throughout the inspection we saw that people looked relaxed and comfortable in the presence of staff. We saw that staff acted in an appropriate manner to keep people safe.

Staff we spoke with knew what action to take to keep people safe from the risk of abuse and avoidable harm. One staff member told us, "If I was concerned I would report it to my manager." Another staff member told us, "If I saw any signs of abuse like bruises or witnessed anyone being nasty to a resident, I would report it straight away." We saw that staff had received safeguarding training and they were knowledgeable in recognising signs of potential abuse and how to follow the provider's safeguarding procedures. Staff knew how to escalate concerns about people's safety to the provider and other external agencies for example, the local authority and the Care Quality Commission. We also saw that the provider was aware of their roles and responsibilities with regards to reporting safeguarding concerns in order to keep people safe.

Staff we spoke to told us they had completed a range of pre-employment checks before working unsupervised. We saw the provider had a recruitment policy in place and staff had been appropriately recruited via a formal interview, references, and a Disclosure and Barring check (DBS). The Disclosure and Barring Service (DBS) helps employers make safer recruitment decisions and prevent unsuitable people from working with people who require care.

# Is the service effective?

## Our findings

People we spoke with told us that the staff who provided their care seemed to have the knowledge and the skills they required to do their job. One person told us, "They [staff] are very good". Another person said, "They seem ok at their job". A relative told us, "We couldn't find a better place".

Staff told us and records showed that staff received the support and training they required to do their job effectively. One member of staff said, "I had a good induction; it included two days of training and shadowing experience". Another staff member told us, "Yes, we do a lot of training; I have even started my NVQ Level 3 which they [provider] have funded for me". A different member of staff said, "We have all the training we need including safeguarding training, first aid, manual handling, health and safety; it's all very good". We were told that the provider offers regular team meetings and supervision to staff and they felt supported in their jobs. One member of staff told us, "We can always go to registered manager for help; she is very helpful". Another member of staff said, "Registered manager is very supportive". A different member of staff said, "We all help each other; if registered manager is not here we can always call her, or we can speak to covering manager if registered manager is on holiday".

We found that care was provided to people with their consent. People we spoke with told us that staff involved them in making choices and decisions about their care. One person told us, "They [staff] always talk to you and ask your permission". Another person said, "I make decisions on how I spend my day". A different person told us, "I choose if I want to have my meals in my room or go downstairs".

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. Staff we spoke with were able to give examples of how they worked within these legal parameters and protected people's rights and the need for consent. Staff we spoke with confirmed they had received training on the Mental Capacity Act (2005). One member of staff told us, "We always offer choice". Another member of staff said, "We talk to people and ask them [people] what they want". A different member of staff told us, "We know what they like, but we always ask". We saw that some care files included a daily choice options sheet which asked people about their preferences with regards to their care and some of these had been completed by the people who live at Ashleigh House themselves.

We saw that some people lacked the mental capacity to consent to the care they received. Staff we spoke to understood what this meant. They told us, "Sometimes we have to act in people's best interest but we always try to include them as much as possible and ask their families first". Another member of staff said, "We get information on how people like things done from their family".

The Mental Capacity Deprivation of Liberty Safeguards (DoLS) requires providers to identify people in their care who may lack the mental capacity to consent to care and treatment. They are also, required to submit an application to a 'supervisory body' for the authority to deprive a person of their liberty within their best

interests in order to keep them safe, for example. The provider was able to articulate their understanding of DoLS and was aware of their responsibilities; they told us they had contacted the DoLS team at the local authority and were in the process of submitting applications to the supervisory body for some of the people living at Ashleigh House because some people would be unsafe to leave the home without the support of staff and therefore the door was always kept locked. This meant that key processes were being followed to ensure people's rights were protected and people were not unlawfully restricted.

Everyone we spoke with was complimentary about the food. One person said, "The food varies [in terms of choice] and is very good". Another person told us, "The food is lovely." Lunch looked appetising and was presented to people in an appealing way. Staff explained that meals were freshly prepared and cooked every day. People were offered snacks and drinks throughout the day; however we did not see any drinks or snacks available for people to help themselves. One person told us, "The doctor said I should drink plenty of water, I should have a jug here, but there isn't one". Another person said, "I'd like a cup of tea sometimes, but I have to wait until they offer me one; I know they are busy". We raised this with the covering manager who said, "There is usually always a jug of water on the table, I don't know why there isn't; I will remind staff that this should be available". One person we spoke to confirmed this and said, "We get plenty to drink, normally there is always a glass of water present".

There was a relaxed atmosphere throughout the home and we were told that people could choose where they ate their meals. We saw that one person chose to eat their meal in their bedroom. People chose their meals in advance; however, a number of people had dementia and could not remember what they had ordered. There were no printed menus available for people to see what was for lunch, although staff did explain to people what was available for lunch and gave them a choice. People were not rushed and staff assisted people who required support to cut up their food for example. We saw that referrals had been made to the GP if the staff felt someone was at risk of poor nutrition and weights were monitored where required.

People we spoke to told us they had access to doctors and other health and social care professionals. One person said, "We see the doctor, chiropodist, dentist, and district nurse when we need to and when they make regular visits". Another person told us, "I go to my own optician but the chiropodist, dentist and hairdresser comes to us". We looked at three people's care files and found that they kept regular appointments with external health and social care professionals and were supported to maintain good health.

## Is the service caring?

### Our findings

People received their care and support from staff that knew and understood their history, likes, preferences and needs. One person said, "The staff get to know our needs and get to know us, and we get to know them". Discussions we had with the staff demonstrated to us, they had a good understanding of people's needs and they were able to build positive relationships with people. One member of staff told us, "We know the residents very well." Another member of staff said, "It's a small home so we get to know them [people] all personally". People who used the service confirmed this. We saw that some people who lived at the home had completed a life history and a personal preferences form as part of the on-going assessment process which supported staff to get to know the person and to know what people like, which helped provide personalised care.

People living at the home and relatives told us the staff were kind, caring and respectful. One person said, "The staff are very good and friendly, if you ask for anything they would do their best to get it for you". Another person told us, "Staff have a caring attitude once they have been here a while". A relative said, "The staff are very caring; the girls [carers] are golden". All of the people we spoke with said that the staff treated them with respect. One person said, "They always make sure we are well dressed". A relative told us, "I am not sure how often mom has a bath or a shower but I know she looks clean and doesn't smell". We saw that people looked clean and well cared for.

Staff we spoke with were mindful of people's rights to have their privacy and dignity respected. One member of staff told us, "I always knock and close the door behind me so no-one can come in to respect their privacy". Another member of staff said, "I knock before I go in and ask them if they want me to come in to clean". A different member of staff told us how they supported people with eating and drinking if they need it and said, "We make sure they are clean; we wipe their faces to keep it dignified". We saw that staff addressed people by their preferred names and respected people as individuals.

Staff we spoke with told us that they promoted equality and diversity within the home by "Treating people fairly". One member of staff said, "We don't have favourites, they [people] are all treated equally". Another member of staff told us, "We make sure people are treated fairly and we respect their wishes and preferences".

We found that people were supported to be independent. One person told us, "I am very independent, I do my own personal care and I normally shower myself then I go for breakfast". Another person said, "I sometimes get frustrated when I can't do what I need to do and I lose my temper but the staff are very patient with me". Staff we spoke with told us how they encouraged people to remain as independent as possible. One member of staff told us, "It's important for people to remain as independent as possible, be we are here to help when we need to". Another member of staff said, "By giving them the choice we are keeping them independent in making decisions".

## Is the service responsive?

### Our findings

People we spoke to told us that they received the care they needed and were aware of having a care plan but they were not always involved in this process. A care plan is a written document which details people's care needs and preferences; it informs staff of how a person wants to have their care needs met and how they can support them and provide this care. One person said, "They [staff] write the care plans; I was not involved, but they told me what was in it and I trust them". Another person told us, "I was not involved in a care plan". A different person said, "I am aware that I have a care plan and I know that it is reviewed". We saw that there were some care plans in place to support staff to meet people's individual care needs. However, we found that some of these needed updating. For example, one of the care plans we looked at was dated 2014. Nevertheless, staff we spoke with told us, that because it was a small home, they knew the residents well enough to know what they needed and how they liked to be cared for.

However, we also found that people who were new to the home did not have any care plans at all. Staff we spoke with told us, "It takes a long time for care plans to be completed when new people arrive; so we have to improvise". They said, "It's difficult because we don't know them very well; I think the assessment needs to improve and a provisional care plan should be written which can be added to as we get to know them better". We fed this back to the covering manager who agreed that care plans are an area in need of improvement and are something they are planning to review when the registered manager returns.

People we spoke to told us that the Activity Coordinator was responsible for planning and facilitating activities with people. They told us that when the activity coordinator was not on duty, there was, "Not much to do". One person said, "I get bored, there's nothing much to do". Another person said, "There's nothing much to do and the staff haven't got time to speak to you". A relative told us, "The staff seem friendly but I don't see many activities when I come". Staff we spoke with told us the activity co-ordinator works three days a week, Monday, Wednesday and Friday. We have since been told by the registered manager that the hours of the activity co-ordinator can be deployed depending on the activity schedule. Therefore, they can work evenings or weekends if an organised activity or event had been planned. However, they acknowledged that this is an exception to their typical working pattern and staff were responsible for providing activity outside of working hours of the activity co-ordinator. We found that this was not always being implemented within the home because staff reported that they did not have the time to fulfil this role. One member of staff said, "Nothing really". Another member of staff told us, "No-one does activities when the activity co-ordinator isn't here, we don't have time; we might do a bit of movement [exercise] but that's about it". They told us, "All of our time is taken up with washing up, tidying up, doing the dinner, care plans and looking after them [people]".

This supports the concerns relating to staffing levels and further adds to the associated breach of regulation 18 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014 mentioned previously.

However, people we spoke to were very complimentary about the activities they did do with the activity coordinator. On the day of our inspection, people told us we had arrived on, "Pub day". They told us that every Wednesday some of them go to the local pub for lunch with the activity coordinator. One person said,

"You've picked a good day; it's pub day". Another person said, "We go to the pub today for some lunch". Staff we spoke with told us it was the people's choice whether they went to the pub or not and that some prefer to stay at Ashleigh House. People we spoke with confirmed this. One person said, "I'm not much of a pub person, I prefer to stay here". Another person said, "I used to enjoy going to the pub when I was younger, but not anymore". We saw that people enjoyed the activities that the activity coordinator facilitated including the pub lunch and later in the day, singing and a quiz. People also told us, "Birthdays are very special here; they always make a fuss and make it special for us". During our inspection, we saw someone was celebrating their birthday with a cake, balloons and music; their family were also involved in the celebration. We also saw photographs of day trips that people had been on over the years which were displayed on the wall in the dining room as well as plans for future day trips later in the year. People we spoke to told us it was nice to have the photos up on the wall for, "Fond memories". One person said, "I like to see what people have done and where they have been". Another person said, "It brightens the place up".

People we spoke with told us they are often asked for feedback on the quality of the service and are given the opportunity to suggest improvements. One person said, "We have meetings with the activity coordinator to see what we have enjoyed and what we like to do". A relative told us, "[registered manager] has started doing meetings to see what people think about the home and how to improve". Staff we spoke to told us, "There is a residents and relatives meeting at least every six months and [activity coordinator] does focus feedback groups with the residents". We also saw catering satisfaction surveys which captured people's views on the quality and variety of the food being offered at Ashleigh House.

People we spoke to told us they knew how to complain. One person said, "I feel comfortable raising a concern; I would contact the manager". A relative said, "I haven't had any concerns but I would raise them if I needed to". During our inspection, we saw that the registered manager had received a letter of complaint from a family member before going on leave. When the registered manager returned from leave, they showed us the actions they had taken to address the complaint prior to going on leave and the correspondence they had made with the relative. We found that the registered manager acted upon the information quickly and used the complaint as an opportunity to learn and improve the service.

## Is the service well-led?

### Our findings

We saw that there were some systems in place to monitor the quality and safety of the service, and that some of these were used effectively, including feedback forums and surveys as well as staff recruitment process. However, some of the systems and quality audits were not always used or recorded effectively. It was evident that quality monitoring measures had not been applied to the care records we looked at; the files were found to be disorganised and some of the information was out of date or missing, including care plans. We also saw that the accident and incident records were of poor quality and did not provide enough detail; the audit template for the accident and incident records, had not been used for a long period of time (for example, one we saw was dated June 2013). This was fed back to the covering manager at the end of the first day of our inspection who acknowledged that the quality monitoring process required improvement. We saw that an audit of the accident and incident records had been completed when we returned for the second day.

During our inspection, we also found gaps that the medication administration records (MAR) and that the MAR's were unclear because the staff had not used the key code effectively. We were told that the medication administration records were audited by the local pharmacy every 12 months and they were due to complete their audit the following week. We did not see any evidence that the provider had their own systems in place to show that the MAR charts had been reviewed or audited internally to identify these issues. The covering manager acknowledged that processes and systems for monitoring the quality and safety of the care being provided including medication management recording processes did require improvement. The covering manager reported plans to audit the MAR charts internally more frequently and to arrange additional staff training to improve record keeping.

We found that some policies and procedures were in place to guide best practice; however these were not always being implemented or followed effectively. For example, we found that the procedures for safe infection control with regards to catheter care were not being adhered to and that staff did not have access to a protocol to guide practice around night-time medication. We fed this back to the covering manager at the time of our inspection, and they agreed that these are areas in need of improvement.

The service was required to have a registered manager in place as part of the conditions of registration of the service. There was a registered manager in post at the time of our inspection; however they were on annual leave. A covering manager supported the inspection process. The covering manager told us that as an independent provider they do not have any organisational support systems and relied upon the support and guidance from regulatory and quality monitoring agencies such as CQC and the local authority to learn, develop and improve their service. They said, "We welcome your feedback because it helps us to improve".

Staff we spoke with told us they felt well supported within their work. One member of staff said, "[registered manager] is very supportive". Another member of staff told us, "[registered manager] is very nice, and if she isn't around you can speak to [covering manager]; there is always someone to help; they look out for us". The staff we spoke to told us that they received regular supervision and the provider held team meetings. One member of staff told us, "I have supervision; in fact I had one this morning". Whilst some of the staff

reported to find the team meetings useful, others felt that improvements could be made; they felt that the team meetings were more for the registered manager to share information, rather than an opportunity to constructively address any issues that the staff may have. For example, one member of staff told us, "They are not very useful, they [registered manager] divert the conversation away from what you [staff] want to discuss". Another member of staff said, "We don't really see any outcomes or changes from the team meetings". Nevertheless, they all told us that if they need to raise any issues, they would feel comfortable approaching the registered manager directly and were confident that the registered manager would act upon their concerns. Staff we spoke to reported that there was a supportive and friendly work culture within the home and they all work and support each other.

Staff we spoke with told us they were aware of their roles and responsibilities with regards to whistle-blowing. The staff we spoke with told us that they felt comfortable raising concerns with their manager and would contact external agencies if they needed to. One member of staff said, "I know I can raise concerns with my manager and CQC".

We asked the registered manager to tell us about their understanding of the Duty of Candour. Duty of Candour is a requirement of the Health and Social Care Act 2008 (regulated activities) Regulations 2014 that requires registered persons to act in an open and transparent way with people in relation to the care and treatment they received. The registered manager was unable to tell us of their understanding of this regulation. However, following our explanation of the regulation, the registered manager assured us that they were compliant with this regulation in their work. They told us that they are open and honest with their staff and with people who use the service. Staff we spoke with told us that the registered manager is approachable and that communication was open and honest within the service. We saw that the registered manager had accepted some accountability for issues raised in a complaint that had been made and responded appropriately both to the complainant and in addressing the issues raised. We found both the registered manager and covering manager to be co-operative and transparent during the inspection process.



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	<p>Regulation 18 HSCA RA Regulations 2014 Staffing</p> <p>At the time of our inspection we found the service to be in breach of regulation 18 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014 because systems in place to assess the appropriate staffing levels were not effective and staff were not always appropriately skilled or permitted to use their skills in order to provide people with the care and support they required.</p>

### **The enforcement action we took:**

We served a Warning Notice