

HC-One Limited

County Homes

Inspection report

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Ratings

Overall rating for this service

Requires Improvement 

Is the service safe?

Requires Improvement 

Is the service effective?

Requires Improvement 

Is the service caring?

Good 

Is the service responsive?

Requires Improvement 

Is the service well-led?

Requires Improvement 

Summary of findings

Overall summary

This inspection took place on 19 and 20 July 2017 and was unannounced.

County Homes is a large care home set in its own grounds in the Woodchurch area of Birkenhead. The home is registered to provide personal care and nursing care for up to 90 people living with dementia, across three units within the home. Each unit is separated between the ground and first floor. Chester unit comprises of 14 beds for both male and females on the ground floor and 14 male only beds on the first floor. Lancaster unit comprises of 14 male only beds on the ground floor and 13 female only beds on the first floor. York unit has 14 male only beds on the first floor and 13 female only beds on the first floor.

During the inspection, there were 71 people living in the home.

At the last inspection in November 2016, we identified breaches of Regulation regarding safe care and treatment, staffing, the governance of the service and person centred care. We issued warning notices to the provider in relation to safe care and treatment and the governance of the service. The provider submitted CQC with a plan of action which identified the actions they would take to address the breaches of regulation. During this inspection we looked to see whether improvements had been made.

In November 2016 we found that risk to people was not always assessed accurately. During this inspection we found that staff had completed risk assessments to assess and monitor people's health and safety. These assessments were reviewed regularly and appropriate measures put in place based on the outcomes. PEEPs were in place for people, which were detailed and provided information on how to support people to evacuate the home. We found that improvements had been made in how risk was assessed and mitigated and the provider was no longer in breach of regulation regarding this.

At the inspection in November 2016 we found that the building was not always safely maintained. During this inspection we saw that internal and external arrangements were in place for checking the environment to help ensure it was safe. During the inspection we observed that three fire doors did not close adequately within their frames. The registered manager arranged for them to be repaired immediately. We found that improvements had been made and the provider was no longer in breach of this part of the regulation.

At the last inspection we observed that people received unsafe care and support, such as when mobilising and eating. During this inspection we observed safe care being provided at all times throughout the inspection.

In November 2016 we found that there were not sufficient numbers of staff on duty to meet people's needs in a safe and timely way. During this inspection we found that improvements had been made and staff and relatives we spoke with told us there were enough staff on duty each day to meet people's needs. We found that improvements had been made with regards to staffing levels and the provider was no longer in breach of regulation regarding this.

At the last inspection we found that systems in place to monitor the quality of the service were ineffective. During this inspection we found that audits were completed which identified actions required to improve the service. However it was not always clearly recorded as to whether the actions had been completed, though those we checked had been addressed.

In November 2016 we found that activities were not provided for all people living in the home and people's hobbies and interests were not considered within activity provision. During this inspection we found that improvements had been made and activities were provided both in groups and on a one to one basis, based on people's hobbies and interests. The provider was no longer in breach of regulation regarding this.

Care plans provided person centred information regarding the care and support people received and people's preferences and life experiences were reflected throughout their plans of care.

At the last inspection we found that care plans did not provide sufficient detail to staff on how to support people who may present with behaviours that challenge due to their health conditions. During this inspection we saw that improvements had been made, however the improvements were not consistent. Not all plans provided sufficient detail as to how staff should best support people at these times and planned care was not always evidenced as provided. This meant that people's individually planned care was not always evidenced as provided.

Steps had been taken towards the home being appropriate to assist people living with dementia to maintain their safety, independence and orientation. However this could be further developed. We made a recommendation about this.

Due to memory difficulties, most people living in the home were unable to speak to us about their experience of living in County Homes. Relatives we spoke with however told us that they felt their family members were safe in the home and that they had no concerns regarding their care. Staff were knowledgeable about safeguarding vulnerable adults and how to raise any concerns they had. We found that appropriate safeguarding referrals had been made.

A registered manager was 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. Feedback regarding the management of the home was positive.

Staff were usually recruited safely, although not all staff files we viewed contained full employment history. This was rectified during the inspection.

We looked at the systems in place for managing medicines in the home and found that medicines were managed safely. Staff had completed training in relation to safe medicine administration and had their competency assessed each year.

Applications to deprive people of their liberty had been made appropriately. Records showed that consent was sought in line with the principles of the Mental Capacity Act 2005. When people lacked capacity relevant people were involved in making decisions in people's best interest.

Staff were supported in their role through an induction, supervisions and an annual appraisal. Training was provided to ensure staff had the knowledge and skills to meet people's needs.

Feedback regarding meals was positive and staff were knowledgeable regarding people's nutritional needs and preferences. The menu offered a choice of meals and staff supported people with their meals when required.

Care plans had been rewritten since the last inspection and provided information regarding people's preferences. This helped staff to get to know people and provide support based on their preferences.

Relatives told us staff were kind and caring and protected the dignity and privacy of people living in the home. Staff worked in such a way as to promote people's independence as much as possible.

We observed relatives visiting throughout both days of the inspection and they were made welcome. For people who had no family or friends to represent them, contact details for local advocacy services were available.

Relatives we spoke with were aware how to make a complaint and we saw that complaints made had been investigated appropriately.

Surveys and resident and relative meetings took place in order to gather feedback from people regarding the service.

The registered manager had notified the Care Quality Commission (CQC) of events and incidents that occurred in the home in accordance with our statutory requirements.

Ratings from the last inspection were displayed within the home as required.

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 always safe.

Arrangements were in place to help ensure the building and its equipment was well maintained. Not all fire doors closed appropriately and these were repaired during the inspection.

Safe staff recruitment procedures were not all evident. This was rectified during the inspection.

Risk assessments were completed appropriately to assess and manage risk to people.

Staff were knowledgeable about safeguarding procedures.

Medicines were managed safely.

Requires Improvement ●

Is the service effective?

The service was not always effective.

Steps had been taken towards the home being appropriate to assist people living with dementia but this could be further developed.

Applications to deprive people of their liberty had been made appropriately and consent was sought in line with the principles of the Mental Capacity Act 2005.

Staff were supported in their role through an induction, training, supervisions and an annual appraisal.

Feedback regarding meals was positive and staff were knowledgeable regarding people's nutritional needs and preferences.

Requires Improvement ●

Is the service caring?

The service was caring.

Care plans had been rewritten and provided information

Good ●

regarding people's preferences.

Staff knew people they were caring for well.

Relatives told us staff were kind and caring and protected the dignity and privacy of people living in the home.

People's relatives were made welcome when they visited.

Is the service responsive?

The service was not always responsive.

Activities had improved and were provided both in groups and on a one to one basis, based on people's hobbies and interests.

Not all care plans provided sufficient detail to guide staff how to meet people's needs. Planned care was not always evidenced as provided.

Systems were in place to gather from people regarding the service.

Complaints were investigated and managed appropriately.

Requires Improvement ●

Is the service well-led?

The service was not always well-led.

Systems were in place to monitor the quality and safety of the service, though records did not always reflect when actions had been addressed.

Records showed that regular staff meetings were held to gather staff member's views; however detailed records of the meetings were not maintained.

The registered manager had notified the Care Quality Commission of events and incidents that occurred in the home.

Ratings from the last inspection were displayed within the home as required.

Requires Improvement ●

County Homes

Detailed findings

Background to this inspection

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

This inspection took place on 19 and 20 July 2017 and was unannounced. The inspection team included two adult social care inspectors and an expert by experience. An expert by experience is a person who has personal experience of using or caring for someone who uses this type of care service.

Before our inspection we reviewed the information we held about the service. This included the statutory notifications sent to us by the provider about incidents and events that had occurred at the service. A notification is information about important events which the service is required to send to us by law. We also contacted the commissioners of the service and the clinical commissioning group to gather their views of the service.

We used all of this information to plan how the inspection would be conducted.

During the inspection we spoke with the registered manager and 12 staff including the chef, maintenance person and two activity coordinators. We also spoke with three people living in the home and eight of their relatives.

We looked at the care files of six people receiving support from the service, four staff recruitment files, medicine administration charts and other records relevant to the quality monitoring of the service. We also observed the delivery of care at various points during the inspection.

We used the Short Observational Framework for Inspection (SOFI) on two occasions during the inspection. SOFI is a way of observing care to help us understand the experience of people who could not talk with us due to memory difficulties.

Is the service safe?

Our findings

At the last inspection in November 2016, we identified breaches of regulation in relation to keeping people safe. The 'safe' domain was judged to be 'inadequate'. The breaches were in relation to the safety of the building, unsafe care practices, risk management and staffing. This inspection checked the action that had been taken to address the breaches of regulation.

In November 2016 we found that risk to people was not always assessed accurately, there was a lack of guidance on how to manage risks relating to people's behaviour and personal emergency evacuation plans (PEEPs) did not provide sufficient information to ensure people could be safely evacuated in the event of an emergency.

During this inspection we found that staff had completed risk assessments to assess and monitor people's health and safety. We saw risk assessments in areas such as falls, nutrition, mobility, choking, dependency and pressure relief. These assessments were reviewed regularly and appropriate measures put in place based on the outcomes. For instance, one person was assessed as being at high risk of choking, so they had been commenced on a soft diet and a referral had been made to the speech and language therapist for further review.

We observed a person mobilising around one unit without any shoes on which may usually pose an increased risk of falls. However a staff member told us the person refused to wear shoes and following a risk assessment, socks with grips on the bottom had been purchased to help minimise the risk of falling.

We reviewed the PEEPs in place for people and saw that they had been rewritten since the last inspection. The plans were detailed and provided information on how to support people to evacuate the home in both an emergency, such as a fire and non-time critical events, such as a failure in the water supply. The PEEPs included information that was specific to the person and covered both people's physical and psychological needs. For example if a person required use of a wheelchair to evacuate, or whether they could respond to fire alarms and understand what that meant. One person's PEEP advised staff to give them something to hold, such as a cushion as this would help the person to feel secure and remain calm during the evacuation process. Another person's PEEP explained they would be worried about their children due to confusion and would need reassurance that they were safe.

Accidents and incidents were recorded and reported appropriately and records showed that they were reviewed to look for potential themes or trends with the aim of reducing the risk of recurrence.

We found that improvements had been made in how risk was assessed and mitigated and the provider was no longer in breach of regulation regarding this.

At the inspection in November 2016 we found that the building was not always safely maintained. During this inspection we saw that arrangements were in place for checking the environment to help ensure it was safe. A fire risk assessment of the building had been completed in 2017 and actions identified had been

addressed. Records showed that monthly internal checks were completed in areas such as water temperatures; profile beds, emergency lights, firefighting equipment, portable appliance testing (PAT) and fire drill were conducted.

External contracts were also in place to check the gas, electrics, nurse call system, lifting equipment and fire safety equipment. We viewed certificates for these checks and they were all in date. During the inspection we observed that three fire doors did not close adequately within their frames. We raised this with the registered manager who arranged for them to be repaired immediately. The registered manager also sent a memo to all staff to be vigilant as to whether doors closed and report any faults and extended the internal monthly checks to include a sample of fire doors each month.

We found that improvements had been made and the provider was no longer in breach of this part of the regulation.

At the last inspection we observed that people received unsafe care and support, such as when mobilising and eating. During this inspection we observed safe care being provided at all times throughout the inspection.

At the last inspection we found that there were not sufficient numbers of staff on duty to meet people's needs in a safe and timely way.

During this inspection we looked at how the home was staffed. The registered manager told us there were usually two nurses and four care staff on each unit during the day and one nurse and three care staff on each unit overnight. The home had developed a new nursing assistant role, which involved senior care staff undertaking additional training to enable them to support the nurses on duty with medicine administration, catheter care, taking blood and monitoring people's wellbeing. Staff rota's showed that at times, there was a nurse and a nursing assistant on a unit rather than two nurses. The registered manager also told us that following the last inspection, they had secured agreements and finances to employ an additional staff member for each unit during the day when the home was at full occupancy.

We observed staff to be present in the units at all times during the two days of the inspection and heard that call bells were answered quickly. We saw that people's needs were met and they were not rushed when receiving support, such as during lunch time. Staff we spoke with told us there was enough staff on duty. One staff member said, "Staffing is a lot better than last time, we have less agency now." Relatives we spoke with described staffing levels as, "Okay" and "Adequate."

The registered manager told us that they used the completed dependency assessments of people living in the home to help determine how many staff were needed and records we viewed showed that more staff were on duty each day than the assessment showed was required.

We found that improvements had been made with regards to staffing levels and the provider was no longer in breach of regulation regarding this.

Due to memory difficulties, most people living in the home were unable to speak to us about their experience of living in County Homes. Relatives we spoke with however told us that they felt their family members were safe in the home and that they had no concerns regarding their care.

Staff we spoke with were knowledgeable about safeguarding vulnerable adults and how to raise any concerns they had. One staff member told us, "I would not hesitate to raise concerns internally or externally

if needed." A policy was in place to guide staff on actions to take in the event of any safeguarding concerns and details of the local safeguarding team were available within the home, enabling referrals to be made to the relevant organisations. We found that appropriate safeguarding referrals had been made.

We looked at how staff were recruited within the home. We looked at four personnel files and evidence of application forms, photographic identification, appropriate references and Disclosure and Barring Service (DBS) checks were in place. DBS checks consist of a check on people's criminal record and a check to see if they have been placed on a list for people who are barred from working with vulnerable adults. This assists employers to make safer decisions about the recruitment of staff.

Two files we viewed did not contain full employment history which is legally required for people working in health and social care. We raised this with the manager who contacted the staff and provided updated records by the end of the inspection.

We looked at the systems in place for managing medicines in the home and found that medicines were managed safely. Medicines were stored securely in locked clinic rooms on each unit and temperatures of the rooms and medicines fridges were monitored and recorded. If medicines are not stored at the right temperature it can affect the way they work. Controlled drugs were stored in a separate locked cupboard and the balance checked twice daily. Controlled drugs are prescription medicines that have controls in place under the Misuse of Drugs Act and associated legislation.

Medication administration records (MARs) we viewed had been fully completed and reflected that the stock balance of medicines were checked at each administration. We checked the balance of six medicines and they were accurate.

We saw evidence that PRN (as required) protocols were in place to help ensure people received their medicines in a consistent way when they needed them. PRN medications are those which are only administered when needed for example for pain relief. Staff told us and records we viewed confirmed, that staff had completed training in relation to safe medicine administration and had their competency assessed each year.

Is the service effective?

Our findings

At the last inspection in November 2016, the 'effective' domain was rated as 'requires improvement'. This was because improvements were required with regards to how consent was sought and recorded.

During this inspection we looked to see if the service was working within the legal framework of the 2005 Mental Capacity Act (MCA). The Mental Capacity Act 2005 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 and hospitals are called the Deprivation of Liberty Safeguards (DoLS).

We saw that DoLS applications had been applied for appropriately for people who required them and the registered manager maintained a record of those applied for, when they were authorised and when they are due to expire. This meant that new applications could be made in a timely way. When conditions were attached to the authorisation, we saw that these had been met. For example, one person's DoLS authorisation had a condition that the person have a medicine review from their GP and that they received one to one care until the authorisation was next reviewed. We found that these conditions had been met.

Staff we spoke with told us they always asked people for their consent before providing support and we observed this during the inspection.

When people were unable to provide informed consent to a specific decision, mental capacity assessments were completed in line with the MCA. We saw assessments in relation to involvement in care planning, photographs, medications, use of equipment that monitored people's movement and people's ability to consent to live in County Homes. The assessments were completed at appropriate times, were decision specific and included information regarding any best interest decisions made on the person's behalf. For example, one person's file included a capacity assessment regarding their ability to understand the consequences of refusing medicines. The best interest decision stated that medicines were to be given covertly when needed. Records showed that relevant people had been involved in the decision and a care plan was in place to guide staff how to administer the medicines.

However, the mental capacity assessment tool used in the home did not specify the outcome of the assessment, whether the person had the capacity to make the decision or not. It was however clear from the completion of the questions and the actions taken, whether or not the person could provide consent, but it could be recorded more clearly. We discussed this with the registered manager who agreed to review the assessment tool in use.

We observed the environment of the home and found that the registered manager had taken some steps towards the home being appropriate to assist people living with dementia to maintain their safety,

independence and orientation. For example, corridors were wide and well-lit and pictorial signs were available to guide people to regularly used areas such as the toilet and lounge. Bedroom doors were painted different colours to help identify rooms and there were large clocks available in the lounges. People also had access to a tea room and a 'pub' within the home, which could be accessed with staff support.

We found however that additional steps could be taken to ensure the environment was as appropriate as possible for the people living in County Homes. For instance, the introduction of photographs or objects of individual significance outside people's bedrooms could assist people to identify their rooms. Although a menu was available in the dining area, it did not contain pictures of the food available which would be useful to assist people who had difficulty reading the menu. Contrasting colours for toilet seats and bathroom doors may also be useful for people living with dementia to identify the toilet and help maintain their independence.

We recommend that the provider considers best practice guidance and updates its practices accordingly to ensure the environment is suitable for people living with dementia.

We looked at how staff were supported in their roles. New staff completed an induction that was in line with the requirements of the Care Certificate. The Care Certificate is an identified set of standards that care workers have to achieve and be assessed as competent by a senior member of staff. Staff we spoke with told us they felt well supported and received regular supervisions and an annual appraisal and records we viewed reflected this.

Training was provided to support staff in their roles and help ensure they had the knowledge and skills required to meet people's needs. Records showed that training was provided in areas such as moving and handling, infection control, safeguarding, equality and diversity, person centred care, fire awareness and food safety. Training was also provided to meet the specific needs of people living in County Homes, such as the dementia training course, called 'open hearts and minds'. Staff we spoke with told us they found this course particularly useful to them in understanding dementia and how it affects people. When asked about training staff comments included, "Training is really good here", "It is refreshed every year", "I have learnt loads" and "Training is fantastic, there is a lot of it."

The registered manager told us they also accessed training provided by the local authority, such as mental capacity and DoLS training. Staff who had been appointed in the newly developed nursing assistant posts had also completed additional training to enable them to be effective in their role.

Staff also had their competency assessed in specific areas to ensure they remained competent in areas such as medicine administration and moving and handling. We viewed recently completed moving and handling competency assessments and saw that a number of staff were not competent in this area. We discussed this with the registered manager to establish what action had been taken to address this and were advised the assessments had been repeated following additional training and records were with the moving and handling trainer. The registered manager provided copies of these assessments following the inspection.

People at the home were supported by both the staff and external health care professionals to help maintain their health and wellbeing. The care files we looked at showed people received advice, care and treatment from relevant health and social care professionals, such as the GP, dentist, optician, dietician, speech and language therapist and social worker. Relatives we spoke with told us they felt their family member's health and wellbeing was managed well. One relative told us, "[Name] has really improved since [they have] been here."

A GP from the local surgery visited each Wednesday and was available to review any people who were unwell or just offer advice and support. They also provided home visits throughout the week as and when needed, based on requests from staff. The registered manager told us they had a very good relationship with the surgery and this helped to ensure people's healthcare needs were met in a timely way.

We looked at how people's nutritional needs were met in the home. We saw that people had a choice as to where they ate their meals, such as in the dining room, their bedroom or one of the lounge areas. We observed lunch being served in one of the dining rooms and saw that tables were laid nicely and soft music was playing. A staff member told us they always turned the television off during lunch to help reduce distractions for those people who found it difficult to sit through a whole meal.

We saw one person who regularly got up from the table and walked around the unit, leaving their meal. Staff encouraged the person back to the table and they ate a small amount then left the table again. Staff continued to encourage the person back to the table each time and when the person went to sit in the lounge they took their meal to them to help ensure they ate an adequate amount. This support was provided in a patient and kind manner.

We found that there was a choice of meal available to people and staff told us there was always an alternative if people did not want one of the main meals that day. Alternatives included omelettes, baked potatoes and sandwiches.

Feedback regarding meals was mainly positive. One person living in the home told us, "The meal was lovely and plenty of it." Relatives told us, "The food looks good with good portions", "Food always looks lovely" and "[Name] always enjoys the food." We viewed meal time experience audits that had been completed and these included feedback from people living in the home. Comments included, "Food is always good", "I really enjoyed that" and "The dining area is lovely and the meal was nice."

We spoke with the chef who was knowledgeable regarding people's dietary needs and had records available in the kitchen to ensure all staff preparing meals knew people's needs and preferences. Care plans included risk assessments in relation to nutrition and we saw that when people were assessed as being at risk, referrals were made to the dietician or speech and language therapist as appropriate and care plans provided detail as to how staff should minimise those risks. For example, one person was assessed as being at high risk of choking; their care plan informed staff to provide a thick pureed diet, use a small spoon and ensure the person was sat upright and was alert. This helped to ensure people's nutritional needs were met safely.

Is the service caring?

Our findings

At the last inspection in November 2016, the 'caring' domain was rated as 'requires improvement'. This was because care files lacked information regarding people's preferences in relation to their care and treatment and improvements were required in how feedback was sought from people living with dementia.

During this inspection we looked to see if people's preferences were reflected within their plans of care and found that they were. Care plans had been rewritten since the last inspection and provided information regarding people's preferences in areas such as meals, drinks, daily routine, gender of staff they would prefer to support them with personal care, activities and preferred term of address.

Care files also included a resident profile form which advised what was important to the individual with regards to their life, their care and how they spend their day. A 'remembering together' document was also available in most of the care files we viewed. This provided information regarding people's life story, their family members, pets, friends, work history, skills and preference regarding music and television programmes. It provided very specific information regarding each individual. For example, one person's recorded that they liked to drink from a china cup and did not like noisy environments or having breakfast late. This helped staff to get to know people and provide support based on their preferences.

Staff we spoke with knew people they were caring for very well. We observed one person refuse to have lunch; however a staff member encouraged the person, provided only the vegetables the person liked and knew not to put gravy on their meal as they disliked it. With this encouragement and staff knowledge of their preferences, the person then ate a full meal. We also heard staff speaking with people and they could keep conversations going by discussing subjects they knew individuals could engage in. We heard staff speaking to people regarding their family members and it was clear that staff knew them well.

Although many people living at the home were unable to tell us what they thought about the staff that supported them due to memory difficulties, we observed that people appeared comfortable and relaxed when interacting with staff. Relatives we spoke with told us, "Staff are amazing here", "The care is lovely", "Staff are pleasant here" and "I have peace of mind when I am not here." We observed interactions between staff and people living in the home to be warm, caring and familiar.

We observed people's dignity and privacy being respected by staff in a number of ways during the inspection, such as staff knocking on people's doors before entering their rooms and referring to people by their preferred name. Staff we spoke with were able to provide examples of how they maintained people's privacy and dignity whilst providing care. Examples of this included closing doors and curtains, explaining what was happening, maintaining confidentiality and being patient and kind. One staff member explained that they maintained people's dignity by monitoring their behaviours and pre-empting support required, such as assistance to access the toilet.

Staff told us they worked in such a way as to promote people's independence as much as possible. A staff member we spoke with told us that even if people could not physically be independent, they would

encourage them to make choices themselves, such as what clothes to wear. Care plans we viewed reflected this way of working. For instance, one person's personal care plan clearly explained what the person was able to do for themselves and what they required staff to support them with. We observed people's independence being encouraged during the inspection through the use of adapted cutlery that enabled people to continue eating their meal independently.

The registered manager told us there was nobody living in the home with any specific cultural requirements at the time of the inspection. Records we viewed showed that people's religious views were considered and regular church services were held in the home.

We observed relatives visiting throughout both days of the inspection. The registered manager told us that visitors were welcome at any time, encouraging relationships to be maintained. We observed visitors being made welcome and offered a hot drink on their arrival. We saw that people could visit in private if they chose to and a staff member told us families often join their relatives in the tea room or pub within the home.

For people who had no family or friends to represent them, contact details for local advocacy services were available within the service user guide which was provided to people on admission to the home.

Is the service responsive?

Our findings

At the last inspection in November 2016, we identified a breach of regulation in relation to person centred care and this domain was rated as 'requires improvement'. This inspection checked the action that had been taken to address the breaches of regulation.

In November 2016 we found that activities were not provided for all people living in the home and people's hobbies and interests were not considered within activity provision.

During this inspection we found that two activity coordinators were employed to arrange activities both in the home and in the community. The coordinators also planned activities for each unit every day and provided a trolley with all of the relevant equipment on for staff to facilitate the activities within the unit. Activities available each day were advertised on notice boards within each unit. The home had a minibus which enabled people to go out on trips regularly.

During the inspection we observed people reading newspapers, being supported to draw, a group of people knitting together and people having their nails polished. We also observed one of the activity coordinators spending time with people on a one to one basis in their bedrooms. One of the activity coordinators told us that for people who received care in their rooms, they tried to provide activities based on what people enjoyed. For example, they told us one person used to love playing golf and enjoyed the smell of cut grass, so they often took a cut of grass into them and discussed golf. They also read to people in their rooms, help people complete crosswords and provide hand massages.

We saw that a traditional tea room had been created as well as a pub, named 'The County Arms'. We saw people enjoying their lunch in the pub during the inspection and staff told us that pub lunches took place five times per week. We also saw a group of men watching a film in the pub and enjoying snacks.

Care plans we viewed included information on preferred activities and details on how to encourage individuals to participate. We found that this information was considered when activities were planned for people. For example, one person's care plan reflected that they enjoyed gardening and crocheting. We discussed this with an activity coordinator to establish if the person was supported to continue these hobbies. We were shown records which recorded that the person had been supported to spend time in the garden, looking at flowers and discussing them and that they also attended the knitting session. Records showed that although the person was no longer able to knit, they had enjoyed holding the needles and feeling the wool. This showed that people's individual preferences were known and considered in the provision of activities. This demonstrated a person centred approach.

Activities were evaluated by staff so they could establish whether they had been enjoyed and to help them continue to develop an activities programme that met the needs of people living in the home. Improvements had been made in the provision of activities and the provider was no longer in breach of regulation regarding this.

Care plans we viewed also provided person centred information regarding the care and support people received. For instance, one person's medicine plan clearly explained that the best way to support the person with their medicines was to put them on a spoon and provide a drink which had been thickened to enable the person to receive their medicines safely. Another person's file reflected that they liked to have a drink of whisky before they went to bed. Staff we spoke to were aware of this and told us the person did receive it. People's preferences and life experiences were also reflected throughout their plans of care.

There was evidence that when able, people were involved in their plans of care, such records to show that verbal consent was recorded for a photograph to be taken. When there were concerns that people were unable to contribute to their care plan in any way, a mental capacity assessment was completed and relatives were involved in developing care plans in their best interest.

At the last inspection we found that care plans did not provide sufficient detail to staff on how to support people who may present with behaviours that challenge due to their health conditions.

During this inspection we saw that this had improved in most of the care plans that we viewed. For example, one person's care plan reflected that due to dementia, the person became worried about their children in the afternoon, feeling that they had to go and collect them from school. The plan advised that using distraction techniques worked most effectively for this person, especially being offered a task to complete, such as washing dishes or folding laundry. Another plan advised that the person could become agitated when staff provided personal care. The plan advised staff to explain the support, engage the person to assist as much as they were able and use visual prompts such as soap and a face cloth to help the person understand what was happening as this often reduced their anxiety. It went on to advise if the person remained unsettled, staff were to leave the room and try again later in the day.

We found however that not all plans provided sufficient detail as to how staff should best support people at these times. For instance, one plan we viewed explained that the person could hit out at staff when they were providing personal care and that the trigger to this behaviour, was that they did not understand what was happening. The care plan however, did not provide any further guidance on what actions staff should take to prevent or manage this behaviour.

Another example is that due to recent falls, a sensor had been installed in a person's to alert staff when they mobilised, so they could offer support. However the use of the sensor was not included within the person's falls or mobility care plan.

We also saw that planned care was not always evidenced as provided. For instance, one person's file contained a wound care plan that advised the wound should be redressed every three days. Records showed however, that there was an eight day gap between dressings being renewed. We discussed this with the registered manager who advised the dressing was changed most days as it often came off due to the positioning, however this had not been recorded.

Another person's care plan advised staff to record the person's dietary intake each day and monitor their weight weekly following advice from the dietician. Records showed however, that their weight continued to be monitored monthly. Dietary intake charts were not in use for the person and staff we spoke to were unsure why these had been discontinued, but advised that there had been no change to how the person was eating. We raised this with the registered manager who arranged for the person to be weighed each week and for diet charts to be commenced immediately, which we later saw in place. A second referral was also made to the dietician and they arranged to review the person the following week.

This meant that people's individually planned care was not always evidenced as provided.

This is a breach of Regulation 9 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

At the last inspection we found that the complaints procedure did not provide clear information as to how people could make a complaint. During this inspection we saw that the complaints procedure was displayed in the entrance of the home and was available within the service user guide. It provided contact details for the provider, the Care Quality Commission and the local ombudsman. It did not however, provide contact details for the local authority that may be able to assist people who wish to make a complaint. Relatives we spoke with were aware how to make a complaint.

The registered manager maintained a record of all complaints received and we viewed records relating to four complaints received in 2017. We saw that each complaint had been investigated in line with the provider's policy and responses had been provided in writing, including actions that had been taken based on the findings from the investigations.

We looked at other processes in place to gather feedback from people and listen to their views. An electronic touch screen was available in the reception area for people to provide feedback regarding the service. The registered manager told us that surveys were issued to residents and relatives and that results were submitted directly to the provider for analysis.

Records also showed that resident and relative meetings were held in order to gather people's views and feedback was mainly positive. The most recent relative meeting discussed activities and it was agreed to commence a gardening club and work had already commenced on building raised flower beds so that people could more easily take part.

Is the service well-led?

Our findings

At the last inspection in November 2016, we identified a breach of regulation and the 'well-led' domain was rated as 'requires improvement'. The breach was in relation to systems in place to monitor the quality and safety of the service. This inspection checked the action that had been taken to address the breach of regulation.

During this inspection we looked at how the registered manager and provider ensured the quality and safety of the service provided. An internal audit was completed regularly by the provider's visiting senior management team. The audit is based upon CQC's key lines of enquiry and the audit completed in February 2017 identified a number of areas that required improvement. A feedback sheet containing required actions was included, but no actions had been recorded as complete. We looked to see if some of the actions had been completed and found that they had.

One of the areas identified on the audit that required improvement was the management of medicines. Actions were recorded which staff needed to address in order to improve the quality of care in this area. We looked at how medicines were managed during the inspection and saw that safe and comprehensive systems were in place. This shows that the audit process had been effective in driving forward improvements.

A resident of the day system was in place which involved one person's care being reviewed by all relevant staff on the same day. This included a review of their care plans, a discussion with family members regarding their views of the care provided, an audit of the person's individual medicines and check that their weight had been monitored and that an emergency evacuation plan was in place. Other parts of the review included sections to record input from housekeeping, the registered manager and other colleague input, however these sections were blank on the reviews we looked at.

We viewed completed audits which included areas such as medicines, infection control, care plans, infections, hospital admissions, falls and dining standards. Audits identified actions required to improve the service. For example, one care file audit indicated that a risk level needed to be added to the corresponding care plan and the action had been signed off as completed on the same day the audit was completed. The accident audit clearly recorded actions that had been taken following each accident or incident.

The issues we raised as part of this inspection, such as those relating to the provision of person centred care, had previously been identified by the audit systems in place and had been rectified by staff. The registered manager had a system in place to continuously monitor the quality of care plans and as we found that issues were addressed quickly once identified based on previous care plan audits, we had confidence that any future issues would be swiftly rectified.

We recommend that the provider reviews systems in place to monitor the quality of the service and updates its practices accordingly.

The home had a registered manager in post. We asked people their views of how the home was managed and feedback was positive. The registered manager was described as, "Approachable", "Supportive" and "Responsive."

Staff we spoke with told us they felt well supported and that they could raise any concerns they had with the registered manager or unit managers. One staff member told us, "I can have my say, they [management] listen to you and act on it, then tell you what they have done about it" and another staff member told us, "They are a smashing team." Records showed that regular staff meetings were held to gather staff member's views; however we found that records relating to these meetings were not detailed and did not provide information regarding discussions or their outcome. They only reflected topics discussed. This meant that detailed notes were not available to those staff that had been unable to attend the meetings. The registered manager told us they verbally updated staff, but would ensure that records of future meetings were detailed and informative.

Staff told us they enjoyed their jobs and felt that there was good teamwork and effective communication between staff. One staff member told us, "I can't imagine working anywhere else."

There were policies and procedures in place to guide staff in their roles. Staff were aware of the home's whistle blowing policy and told us they would not hesitate to raise any issue they had. Having a whistle blowing policy helps to promote an open culture within the home. Staff told us they were encouraged to share their views regarding the service.

The registered manager had notified the Care Quality Commission (CQC) of events and incidents that occurred in the home in accordance with our statutory requirements. This meant that CQC were able to monitor information and any emerging risks regarding County Homes.

Ratings from the last inspection were displayed within the home as required. The provider's website also reflected the current rating of the service. From April 2015 it is a legal requirement for providers to display their CQC rating. The ratings are designed to improve transparency by providing people who use services, and the public, with a clear statement about the quality and safety of care provided. The ratings tell the public whether a service is outstanding, good, requires improvement or inadequate.

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 | Regulation 9 HSCA RA Regulations 2014 Person-centred care |
| Treatment of disease, disorder or injury | Care plans did not always provide sufficient details to enable staff to meet people's needs safely. Planned care was not always evidenced as provided. |