

Platinum Care (Devon) Ltd

# Hyne Town House

## Inspection report

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Date of inspection visit:  
23 May 2018  
24 May 2018  
25 May 2018

Date of publication:  
15 August 2018

### Ratings

Overall rating for this service

Requires Improvement 

Is the service safe?

Requires Improvement 

Is the service effective?

Good 

Is the service caring?

Good 

Is the service responsive?

Good 

Is the service well-led?

Requires Improvement 

# Summary of findings

## Overall summary

This unannounced comprehensive inspection took place on 23, 24 and 25 May 2018.

We brought this comprehensive inspection forward as we had received concerns about staffing levels; poor communication and information for staff, including agency staff; a lack of care plans to direct care; poor documentation in relation to diet and fluids; poor care for people living with dementia and the number of falls and pressure damage to people's skin. Concerns were also raised about the attitude and approach of some staff.

Some of these concerns were investigated by the local authority safeguarding team. The safeguarding team had shared the concerns with the provider and action had been taken to improve records prior to the inspection, although this work was still progressing. The safeguarding process was closed shortly after this inspection took place as the concerns were not substantiated.

We found the service had experienced staffing difficulties with recruitment and sickness absence. However, regular agency staff were used to cover shortfalls and the provider was advertising for staff. We have made recommendation in relation to the deployment of staff. Staff reported good communication between the team and agency staff confirmed they had been given detailed handovers and induction prior to working with people. All people using the service had a care plan at the time of the inspection. Some records were poorly completed and did not demonstrate that the care required had been provided. The community nurses confirmed that only person at the service had minor damage to their skin, and this was healing. If people experienced falls or injuries were sustained as a result of falls, this was recorded and reported to the Care Quality Commission (CQC). Our comparison data with similar services shows no evidence of risk at the service.

We last inspected the service August 2016. No breaches of regulation were found and the overall rating was good. However, the responsive key question was rated requires improvement. This was because there was no regular programme of activities for people to take part in. We also recommended that staffing levels were kept under review.

Hyne Town House is registered to provide accommodation and personal care for up to 45 older people. Thirty-nine rooms are located in the main part of the service. Three flats had been built on to the side of the main building, with each flat registered to provide accommodation for two people. On the day of the inspection 29 people were receiving care in the main part of the service. One person was living in a flat, but was not receiving personal care.

A registered manager was employed at the service. They were on maternity leave at the time of the inspection. However, they did attend on the first day of the inspection to support staff and assist with the inspection. A registered manager is a person who has registered with the Care Quality Commission to manage the service. Like registered providers, they are 'registered persons'. Registered persons have legal

responsibility for meeting the requirements in the Health and Social Care Act 2008 and associated Regulations about how the service is run.

Arrangements were in place for the daily management of the service in the absence of the registered manager. Two experienced and qualified care staff were acting as assistant deputy managers until the return of the registered manager. The managers said they had good support and regular contact with the provider.

We found improvements were required at this inspection. Although there were quality assurance systems in place, including audits and checks, they had not identified the shortfalls we found. People's records did not reflect the care and support delivered. Records in relation to diet and fluid intake and repositioning for those at risk of pressure damage were poor. This meant people at risk of malnutrition or dehydration could not be effectively monitored by staff and other health professionals.

No concerns were raised by health professionals about people's skin care or hydration, however poor records meant it was sometimes difficult for professionals to make clinical decisions. The managers were taking action to improve records by monitoring them each day. This was being imbedded and shared with all staff at handover.

Audits had not identified the shortfalls we found with the management of medicines or that fire checks and fire safety records were not being completed.

Risks associated with people's safety and wellbeing had been identified however the provider did not ensure all reasonable measures were followed to mitigate some risks.

The service was not consistently following safe practice in relation to medicines management. We have made a recommendation to improve some aspects of medicines management.

Staffing levels at the service were meeting people's care needs; however, we have recommended the deployment of staff be reviewed to ensure people's needs are met safely and in a timely way.

Activities and meaningful occupation were an area identified for improvement by people using the service and some relatives. We have recommended advice and guidance is sought to ensure people have a variety of suitably stimulating and meaningful activities to occupy them.

The premises were well maintained and the provider had considered how to improve the environment for people living with dementia. A number of environmental improvements had been completed since the last inspection. This included, specialist flooring and the use of non- reflective bright paint colours to enhance the light in the corridors.

People said they felt safe at the service and relatives expressed their confidence in the care and support provided. Staff supported people to be as independent as possible, at the same time protecting them from risks to their safety. There were systems in place to safeguard people from abuse and staff had a good understanding of their role in protecting people from harm and abuse. Staff recruitment processes were robust.

The service was clean throughout with no unpleasant odours. There were several communal areas for people to use and a pleasant secure garden patio. We saw several people enjoying the outside space.

People were cared for and supported by staff that understood their needs and knew them well. Staff received training and support to enable them to do their job safely and effectively.

Staff treated people with dignity and respect. End of life care had been provided with sensitivity and respect for people's needs and individual wishes. People felt able to make decisions about their care and the staff respected those decisions. Staff were mindful of people's needs regarding equality, diversity and human rights. The service was meeting the requirements of the Mental Capacity Act 2005 and the Accessible Information Standard.

People's health needs were monitored and met to help them to live well. The service worked with relevant health care professionals. People enjoyed the food and were offered a varied and nutritious diet.

People felt able to raise concerns with the registered manager. When a complaint had been received it had been investigated, responded to and resolved.

People were involved in the service and their views were sought. Action was taken where suggestions for improvements were made. People and their relatives felt the service was well managed.

We identified two breaches of regulations at this inspection. You can see what action we told the provider to take at the back of the full version of the report.

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

We always ask the following five questions of services.

### Is the service safe?

Risks associated with people's safety and wellbeing had been identified however the provider did not ensure all reasonable measures were followed to mitigate some risks.

The service was not consistently following safe practice in relation to medicines management.

Staffing levels were sufficient to meet people's care needs but the deployment of staff requires improvement.

Improvements were underway to ensure people could be evacuated from the building safely in the event of a fire. The frequency of fire safety checks had improved.

People were protected from harm as staff understood safeguarding adult's procedures. The provider ensured safe recruitment practices were in place to protect people from unsuitable staff.

The service was clean throughout with no unpleasant odours.

**Requires Improvement** ●

### Is the service effective?

**Good** ●

The service was effective.

People benefited from the adaptations to the premises. The provider had sought advice and guidance on best practice design for dementia friendly environments.

People had access to relevant healthcare professionals, when required.

People enjoyed the food, which was nutritious and varied.

Staff understood issues of consent and the service was compliant with Mental Capacity Act 2005 requirements.

Staff received regular supervision and training to support them in their role.

### Is the service caring?

**Good** ●

The service was caring.

People and relatives spoke highly of staff who they found to be caring, compassionate and friendly. Staff were respectful and treated people with dignity.

People felt able to make decisions about their care and the staff respected those decisions. People were encouraged to lead as independent a life as possible.

### Is the service responsive?

Good ●

The service was not consistently responsive.

Activities and meaningful occupation were an area identified for improvement by people using the service and some relatives.

People received personal care and support delivered in the way they wished and as identified in their care plans. Staff knew people well. People were supported with their communication needs.

End of life care had been provided with sensitivity and respect for people's needs and individual wishes.

People felt able to raise concerns with the registered manager.

### Is the service well-led?

Requires Improvement ●

The service was not always well led.

The registered provider had systems in place to monitor the service but had failed to identify shortfalls found during this inspection. Record keeping was poor and did not reflect the care and support delivered.

Arrangements were in place for the daily management of the service in the absence of the registered manager.

People and staff were involved in the service and their views were sought. Action was taken where suggestions for improvements were made. People and their relatives felt the service was well managed.

# Hyne Town House

## Detailed findings

### Background to this inspection

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

This inspection took place on 23, 24 and 25 May 2018 and was unannounced. The inspection was brought forward due to concerns raised with us relating to staffing issues; the planning and delivery of care; poor communication between the team and poor record keeping. The inspection was carried out by two inspectors on the first day. A medicines inspector visited on 24 May 2018 to review the management of medicines. The third day of this inspection was completed by one inspector 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 the inspection, we reviewed the information we hold about the service, including statutory notifications, any safeguarding alerts and information sent to us from other sources such as healthcare professionals. A notification is information about important events which the provider is required to tell us about by law.

Not everyone living at Hyne Town House was able to tell us about their experiences. Therefore 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 to us.

During the inspection we met with all of the people living there and spoke with 22 people, eight relatives, the registered manager, two assistant deputy managers, nine care staff (including agency staff) and the chef. We also met with one health professional during the inspection. We reviewed six people's care records; 13 medicine's records; two staff recruitment files and training and supervision records; audits and policies held at the service.

Following the inspection spoke with two health professionals about their experience of the service. We spoke with a GP and occupational therapist.

# Is the service safe?

## Our findings

At the last inspection, this key question was judged to be good. This inspection found that improvements were required.

People we spoke with, including all relatives said the service was safe. Comments from people using the service included, "It never crosses my mind that I'm not safe in any way – I'm safe in every way I'd say" and "Living here makes me safer than in my own home. I had one too many falls living there..."

Relative's said they found the service to be safe. Comments included, "Mum has been here for 18 months and we visit weekly. Mum is safe here. They cope with all her needs...when we compare with other services we can't fault them here, it is very good..." and "We don't feel worried about [person's name] safety here. They have 24 hours staff watching them...we can't fault anything." However, we found some areas of practice which required improvement and we have made recommendations to ensure improvements are made.

The provider did not ensure all reasonable measures were followed to mitigate some risks. People with swallowing risks, which could result in choking, had been seen by a speech and language therapist. Their recommendations had been incorporated into care plans. We observed the meals served were at the recommended consistency to keep people safe. However, one person required staff to be in the vicinity when eating meals because they had chosen not to follow the speech and language therapist advice in relation to food texture. This meant their risk of choking increased. On the first day of the inspection this person experienced a prolonged coughing episode. No staff were in the dining room to monitor or assist the person. We reported this to the assistant deputy managers. They assured they would remind staff to monitor the first floor dining room. However, on the second day of the inspection we observed staff were not in the vicinity of the first floor dining room for periods of time and the person again experienced a prolonged coughing episode. We alerted staff to this immediately and they attended and supported the person appropriately.

People at risk of developing pressure damage to their skin had equipment to relieve pressure and prevent avoidable damage. However, there were no instructions within the care records about the appropriate setting for the mattresses. Two people's pressure mattress was set at the wrong weight, which meant they may not get the full benefit of the equipment. Staff took immediate action to adjust the mattress.

This is a breach of regulation 12 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

People were given their medicines safely, although there were some improvements needed to the way people's medicines were managed. Staff recorded the administration of medicines on Medicine Administration Record (MAR) charts. Where people had been prescribed medicines to be given 'when required', guidance was in place for staff to assess when it would be appropriate to give doses of these medicines. However, one person prescribed a sedative medicine for agitation had not had their protocol



updated when this medicine had been changed.

There were separate MARs in place for recording the application of creams or other external preparations. There were body maps in place to guide staff as to how these should be applied. However, these records were not always completed to show when cream was applied.

Three people were receiving their medicines covertly (without their knowledge), as they lacked the capacity to consent. There were records of their mental capacity assessments, and 'best interest' decisions that had been taken. We were told that the pharmacy had been consulted about the best way to give these medicines. We recommend that this advice and discussion be recorded in people's records, to show that the safest way to give these medicines has been considered.

There were suitable arrangements for ordering, receiving, and disposal of medicines, including medicines requiring extra security. Storage temperatures were monitored, however room temperatures were being recorded that were above those recommended for the storage of medicines. The refrigerator maximum temperatures had also been recorded as above the recommended range. Staff were aware and had reported these issues. A ventilation unit had been fitted, and we were told by the acting assistant managers that further plans were in place for renting an air conditioning unit to reduce temperatures in the room.

There were systems in place so that people could look after their own medicines if they wished. A risk assessment was in place to make sure this was safe for people. Staff who gave medicines had recently updated training and competency checks to show they gave medicines safely.

Managers in the home completed regular audits, and the pharmacy also completed advisory visits. These audits had identified some areas for improvement and actions had been taken to address these points. There was a reporting system in place and we saw that any errors or incidents were followed up and actions taken to prevent them from happening again.

We recommend that improvements are made to some aspects of medicines management including updating 'when required' medicines protocols, storage temperatures and recording of covert medicine administration details.

We received concerns about staffing levels and a reliance on agency staff at the service. The service had experienced staffing issues caused by vacancies and staff sickness. The provider was advertising for new staff and used the same small pool of agency staff regularly for continuity of care to cover any deficits. Short notice staff sickness was an issue but every effort was made to find additional cover, using existing staff or agency staff. The provider and registered manager were monitoring staff absence and taking action where necessary to address recurring issues with staff.

There were 29 people living at the service during this inspection with varying needs. The majority of people were living with some level of dementia. The provider used a dependency tool to determine staffing levels. The provider had assessed 22 people as having a high level of dependency. This meant they either needed a high level of intervention from staff or experienced fluctuating physical or mental health needs. 10 people needed the help of two staff to help them to move safely and with personal care. One person required one to one support during the day, which was covered by agency staff.

The provider's assessed staffing levels were seven staff from 7.45am until 2.45pm; and five staff from 2.45pm until 8pm. Two care staff worked until 10pm to assist the two waking night staff who worked from 8pm until 8am. We reviewed the staff rotas for the month of May. These showed the assessed staffing levels were met

or exceeded. On the day of the inspection one member of staff had called in sick and agency staff had been unable to cover the morning shift. Agency cover was found for the afternoon shift.

People using the service said staff were available when needed, they said if they pressed the call bell staff came quickly to attend to them. One said, "Staff are always busy but there when I need them so that is all that matters to me". Another said, "Staff don't rush me but I know they are busy. Always running around..." One person felt staff did not have time for them. They said, "I wish the staff had more time to just sit and talk to us...yet no-one seems to have time to do that. I feel quite overlooked on occasions".

Relatives said they did not have any concerns about staffing levels. One said, "They coped with the snow; it is normally well staff. Staff have time with people, we see that when we come..." another said, "We are happy with the staffing. The staff are always around..."

Staff said with the full staff complement on each day shifts were well managed. Staff confirmed that the registered manager or deputy assistant managers always tried to cover any absences and often worked alongside them if there was sickness. Where shortfalls could not be covered due to short notice the team "pulled together". Comments included, "We don't rush people, we go at their pace. Things maybe late but all care is delivered" and "It can be difficult but we work together. We have a good team..."

We observed a lack of staff presence in communal areas. For example, during the morning there were eight people in the sitting room. One person was attempting to get up from their chair without their walking aid, which meant they were at risk of falling. Another person and an inspector alerted staff who intervened to ensure the person was safe. At lunchtime in the first floor dining room there was a lack of staff to support people and ensure they were safe. One person was at risk of choking and during their meal they had a prolonged coughing episode. We discussed this with the two deputy assistant managers, who explained the activity person was usually in the sitting room during the morning to oversee people, but the activities person was on sick leave.

We recommend the deployment of staff within communal areas be reviewed to ensure people's needs are monitored and met in a timely way.

The provider employed various ancillary staff, including chefs, kitchen assistants and housekeepers. An administrator was also employed part time to assist the managers.

Concerns were raised with us before the inspection about the lack of induction and handover for agency, meaning they did not have up to date information about people's needs. Two agency staff said they had received an induction, which included fire safety information, a tour of the premises and a review of people's care plans. Agency staff also attended staff handover sessions and were informed of any changes. One agency staff member said staff and managers were "Informative". They added, "I always know what's going on. Staff team were very welcoming and friendly. Seems to run smoothly."

Improvements were underway to ensure people could be evacuated from the building safely in the event of a fire. There was an evacuation list, which contained the name of the person; their room number and whether they needed a wheelchair to mobilise. However, individual personal emergency evacuation plans (PEEPs) had not been fully developed. The assistant deputy managers said individual PEEPs were being developed. Following the inspection the provider confirm that individual PEEPS had been completed for all people living at the service.

Checks were carried out on the fire alarms and other fire equipment to make sure it was working. The checks

for the fire alarms were done weekly, however there were gaps in the records where checks had not been completed. There was also a significant gap in the records relating to emergency lighting checks. The assistant deputy managers had recognised this and had started weekly checks prior to the inspection. The managers and staff said they had undertaken regular fire drills. Records confirmed this.

Risks associated with people's safety and wellbeing had been identified. These included risks related to mobility, falls, skin care and choking. Steps to manage and reduce risks were reflected in people's care plans. We observed staff using the correct equipment when assisting people to move safely. Staff were competent and ensured each person understood what they were doing.

Arrangements were in place to learn and make improvements if things went wrong. Incidents and accidents were recorded with action taken to reduce the risks of incidents reoccurring. We reviewed the incident and accident reports and found that steps had been taken to reduce the risks. For example, discussion with GPs about people's medicines or investigations to check if people were developing infections. The use of equipment, such as pressure sensors was used to alert staff to people who may be at risk. The registered manager explained, "We will try and identify patterns. For example, if there is a cluster of people falling in an area the first thing I will look at is the environment."

People were protected from harm as staff understood safeguarding adult's procedures and what to do if they suspected any type of abuse. Staff had undertaken adult safeguarding training and were confident that any concerns reported to the registered manager or provider would be dealt with. The registered manager had made appropriate referrals to the local adult safeguarding team when necessary and notified the Care Quality Commission (CQC) of any incidents. Visiting professionals confirmed they had not witnessed any concerning practice which put people at risk of abuse.

Prevention and control of infection was appropriately managed. The service was clean throughout with no unpleasant odours. People living at the service and visitors said the home was always clean. Staff had access to personal protective equipment, such as gloves and aprons, and we observed them using protective equipment appropriately. Concerns had been raised with us that people did not have their own hoist sling. However, the assistant deputy managers and staff confirmed that this was not the case and all those who required the use of a hoist had their own sling. This reduced the risk of infection.

The provider ensured safe recruitment practices were in place to protect people from unsuitable staff. Staff files contained the necessary information, including pre-employment checks such as two references; a Disclosure and Barring Service check (DBS) and full employment histories. The DBS helps employers make safer recruitment decisions and prevent unsuitable people from working with vulnerable groups.

## Is the service effective?

### Our findings

At the last inspection, this key question was judged to be good. This inspection found that it remained good.

The premises were well maintained and there were large bright communal spaces on both floors. The secure garden space also provided a pleasant space for people and their relatives. We saw several people and their relatives accessing the garden patio spaces. People's bedrooms were personalised with photographs and personal mementos.

The provider had considered how to improve the environment for people living with dementia. They told us since the last inspection they had used the University of Sterling guidance for considering changes to the environment and consulted with Purple Angels, a locally established group working to improve the experiences of people living with dementia. The provider had installed some dementia friendly signs in communal areas. The carpet was replaced with specialist flooring. The walls were painted with non-reflective bright colours to enhance the light in the corridors.

Pictures depicting local past times and areas were displayed along some corridors. There was a large dementia friendly pictorial activity board in the main lounge for people to refer to. There were three different types of dementia clocks. There were two memory boxes one in the reminiscence corner in the main lounge and one another communal area. Dementia friendly fiddle mitts and a sensory board were also available in the lounge. Dementia friendly crockery and coloured table clothes were provided. The provider explained further upgrades to the environment were being explored with people using the service and their relatives

People received care from staff who were supported in their roles. New staff received an induction to ensure they worked safely and effectively with people. This included meeting people; shadowing experienced; staff familiarising themselves with people's care and support plans, policies and procedures and the environment. New staff also completed the Care Certificate (a nationally recognised training course for staff new to care) which enhanced their understanding of the expectations placed on health and social care workers when providing care.

Staff received the provider's mandatory training, which included topics related to health and safety and people's physical and mental health needs. Staff received regular supervision and annual appraisals. All staff were positive about their work at the service and all said they felt well supported. Comments included, "The training and support is brilliant..." and "I have had all of my training... I think the support for us is good..."

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 less restrictive as possible. People who lack mental capacity to consent to arrangements for necessary care or treatment can only be deprived of their liberty when this is in their best interests and legally authorised under the MCA. The procedures for this in care homes and hospitals are called the Deprivation of Liberty Safeguards (DoLS).

Appropriate applications for DoLS had been made to the local authority for the majority of people living at the service. This was because people required continuous staff support and supervision to ensure their safety.

The registered manager and staff were aware of their responsibilities in respect of consent and the need to involve people as much as possible in day-to-day decisions. During the inspection staff involved people in their care and acted on cues from people with regards to their wishes. People confirmed staff always asked their permission before providing support and respected their right to say 'no'.

Where people lacked capacity and decisions were complex such as medical interventions, other professionals and people's relatives had been involved to ensure decisions made were in people's best interest. Records were maintained of decisions made in a person's best interest, with the exception of the use of covert medicines.

Prior to moving to the service, a needs assessment was carried out by the registered manager (or senior staff) to ensure people's needs could be met by the service. People were invited to visit the service to look around and meet some of the staff and residents. During the inspection one person came with their family to view the service. The family made a point of telling us how helpful and welcoming the assistant deputy managers had been during their visit.

The registered manager and staff worked in partnership with other health care professionals to ensure people's physical and mental health needs were monitored and met. Concerns were shared with us before the inspection that one person who required dental care had not seen a dentist. We found this person had been referred to and seen by a dentist some weeks ago and was waiting for an appointment with the dental hospital. People had access to a variety of health professionals, such as community nurses; GPs; the community mental health team and occupational therapists. Three health professionals confirmed that referral to them were appropriately made and any recommendations were followed by staff. Comments included, "Staff are engaged with the care..." and "Staff knowledge and awareness is generally good...they look after service users well..."

People enjoyed the food served and were offered a healthy varied diet, that met their needs and preferences. Before the inspection we received concerns that the quality of some food was poor and poorly presented. We did not evidence of this. Everyone we spoke with said the food was good. Comments included, "Food is usually very good. You get a cake on birthdays"; "The food quality is exceptional. There's always plenty of it and I can't complain about the food at all" and "I would give the food nine out of 10." One person said they would like a snack after supper time, which was between 5 and 6pm. Staff, including the chef, explained that food was always available from the kitchen. A note on one fridge in kitchen stated staff could take any foods or snacks in this fridge for people during the night. The duty assistant managers said they would remind staff to make a point of offering snacks with evening drinks.

Mealtimes were sociable occasions. One person said, "Having our meals together in the dining room is something I really look forward to, it's a chance to have a conversation." Where people required assistance, this was provided in a dignified way with staff sitting with people assisting them one to one. Various plates, dishes and types of cutlery were used according to people's individual needs to support their independence.

Nutritional assessments had been completed to identify any risk of malnutrition. People's weight was monitored and if any concerns were noted they were discussed with the GP. Where necessary people used dietary supplements to increase their daily calorie intake and reduce the risk of malnutrition. People were offered frequent fluids and snacks throughout the day.

# Is the service caring?

## Our findings

At the last inspection, this key question was judged to be good. This inspection found that it remained good.

People liked the staff. They described them as, "caring, friendly and lovely". One person said, "I can't fault the care we receive, it really feels as though the staff put us first." Another commented, "I'm so well cared for. I'm treated like a member of the family who lives here."

Relatives were confident their loved ones were well cared for by compassionate staff. One relative said, "Here no-one patronises [person's name]. They speak to her simply and with dignity. They (staff) are interested in her and know her likes and dislikes. It's a relaxed home from home and we would never move [person's name]". Another relative said, "We can only say how lovely it is here. Staff are so caring and [person's name] is well cared for. It is exceptional care here..."

Staff were aware of the challenges faced by people living with dementia and 95% of staff had completed a certificated dementia awareness test with an external organisation. There was a relaxed atmosphere within the service and we saw people approached staff for support and reassurance throughout the inspection. Staff provided people with explanations and supported them in a caring and patient manner. Each time staff entered the communal areas they took time to speak with people and tried to engage them in conversation or shared a joke.

We also observed staff interacting with other staff in a professional and friendly manner. A visiting health professional said, "The whole ambience is nice...staff are nice, professional and caring..."

People were involved in making decisions about their daily care, and staff sought their views about the supported they required. For example, people confirmed they could choose where and how to spend their day, and what time they went to bed or got up. One person said, "I can choose where to take my meals. Sometimes I prefer to stay in my room, or perhaps on another day eat in the dining room, but it's never a bother."

People's privacy and dignity was maintained. Although on one occasion staff discussed the needs of one person in front of another person and an inspector. The assistant deputy managers said they would remind staff about privacy and confidentiality. Staff were mindful of people's dignity, for example, staff knocked on people's room doors before entering. People were appropriately dressed, and in shoes or slippers, their hair was tidy and several people were wearing jewellery. One person said, "The laundry service is first class". Relatives said people always looked smart and well groomed. A health professional said personal care was of good standard.

There were no restrictions on visiting times to the service. Several visitors were welcomed during the inspection. They were offered refreshments and could speak with staff with they had any queries or concerns.

People's independence was encouraged. One person enjoyed showing a potential new resident around the garden. Several people used aids to assist with their walking. Staff ensured this equipment was close at hand and on occasion reminded people to use their frame to keep them safe.

## Is the service responsive?

### Our findings

At the last inspection, this key question was judged to be requires improvement. We found improvements had been made and we have made a recommendation to promote the continued improvements in relation to activities.

At the last inspection we found opportunities for social interaction were limited. Since the last inspection an activity lead was appointed and worked four hours a day, five days a week. However, this person was on sick leave so few meaningful activities or social gatherings had taken place since early May.

Activities and meaningful occupation were an area identified for improvement by people using the service and some relatives. Comments from people included, "They could improve things by finding more for us to do. I'd like to go out more often, but that doesn't seem likely to happen"; "I would very much like to see the chance to go out on a visit or trip. We never do that. And "I wish there was more to do. We used to have wonderful activities, but things have dried up recently". A relative said, "The only gap is activities and stimulation. Mum gets bored and that impacts her mental health. They could have outings and things..." They added, "The staff are excellent, nothing is too much trouble.

A programme of activities had been developed since the last inspection and included visiting musicians; games, reflexology; reminiscence and life history afternoon; arts and crafts and movie afternoons. A review of activity records showed people were involved in activities between six and eight times per month. These included two church services and two musician sessions.

The assistant deputy managers explained the new activity person had been collating personal histories and activity care plans for each person but the work had not been completed. Records we reviewed did not contain information about peoples' previous life and interests to help inform any activity programme or assist with developing individual occupation. We recommend advice and guidance is sought to ensure people have a variety of suitably stimulating and meaningful activities to occupy them.

Concerns had been raised with us that people did not always have a care plan. We did not find this to be the case. Each person had a care plan. However, the daily records of care and support delivered, for example, diet and fluid charts and repositioning charts was poor and did not reflect the actual care delivered.

Not everyone was able or wished to be actively involved in planning their care. Relatives, where appropriate, were involved in planning their family member's care. Relatives confirmed they were always kept informed of any changes and staff made time to speak with them.

People received personal care and support delivered in the way they wished and as identified in their care plans. Care records were personalised and covered a wide range of key needs such as moving and handling, personal care, continence, skin care, dietary and fluid requirements and communication. For example, people's preferred daily routine and likes and dislikes were recorded and people confirmed care was delivered as they preferred. Care plans were reviewed regularly or when changes occurred. For example, one



person was having problems taking tablets, so staff had requested liquid form medication and noted this in the care plan. Any changes to people's care was passed on to staff through handovers.

Staff knew people well and when planning care, took into account what they knew about the person and their preferences.

At the time of this inspection one person was receiving end of life care. Staff were supported by the community nurses and sought their advice when needed. We observed staff visit the person regularly to ensure they were comfortable and that they had been repositioned and given drinks. Treatment Escalation Plans (TEP) were in place, which recorded important decisions about how individuals wanted to be treated if their health deteriorated. This meant people's preferences were known in advance so they were not subjected to unwanted interventions or admission to hospital at the end of their life, unless this was their choice. We saw thank you cards from relatives about the care and kindness staff showed during difficulties times.

We looked at how the provider complied with the Accessible Information Standard. The Accessible Information Standard is a framework put in place from August 2016 which requires the service to identify; record and meet communication and support needs of people with a disability, impairment or sensory loss. Care plans provided information about people's sensory or hearing impairment and communication needs. Staff were aware of those people who relied upon hearing aids or glasses to enhance communication. We saw people's glasses and hearing aids were in use, with the person's consent. People had access to health professionals to improve communication, for example audiology professionals and opticians. Staff were aware of people's communication needs. They ensured they spoke with people clearly, at their pace and gave sufficient time for people to respond.

The service had received three complaints since the last inspection. All had been fully investigated and the registered manager had met with people to discuss their concerns where possible. Complainants received detailed outcome letters following the investigation and an apology where required. All complaints had been resolved satisfactorily.

The service had received many letters from relatives, expressing satisfaction at the care given to their family member. All of the relatives we met were very complimentary about the service and staff.

## Is the service well-led?

### Our findings

At the last inspection, this key question was judged to be good. This inspection found that improvements were required.

There were a range of audits and systems in place to enable the provider to monitor the quality of the service provided. However, we identified failings specifically in relation to record keeping. The provider had not maintained accurate, complete and contemporaneous records in respect of people using the service. This was despite the safeguarding team raising concerns with the service prior to the inspection and two visits from the community nurses to remind staff about keeping accurate records. A community nurse said care records in relation to diet and fluid intake and repositioning for those at risk of pressure damage were poor and did not reflect the care delivered.

There was a potential risk of developing pressure damage for some people because pressure relieving mattress settings were not recorded and we found two which had been set incorrectly. There was no system to show what checks needed to be undertaken. The daily repositioning records were poorly completed with significant gaps. For example, one person's chart for May 2018 showed they had been repositioned just two or three times in 24 hours; on two occasions just one repositioning entry was made. However, a community nurse confirmed the incidence of pressure damage was low, with one person currently being treated for a moderate pressure ulcer (a moisture lesion), caused by their non-compliance.

People at risk of malnutrition or dehydration could not be effectively monitored by staff and other health professionals because daily food and fluid intake records were poorly completed and lacked detail. This meant it was sometimes difficult for professionals to make clinical decisions. For example, a community nurse explained without accurate information they could not determine one person's needs in relation to their catheter care. They added they did not have concerns about people being dehydrated currently but that staff failed to follow through with their recommendations in relation to records. Other records such as bowel care records were also poorly completed. The managers were taking action to improve records by monitoring them each day. This was being imbedded and shared with all staff at handover to ensure a consistent approach in the future.

There were systems in place to assess, monitor, and improve the quality and safety of care. A series of audits were undertaken by the registered manager, including monthly medicine audits. We saw that where issues had been identified action was taken to rectify the matters. However, the audits had not identified the shortfalls we found with the management of medicines. Environmental audits were also completed but did not identify that fire checks and fire safety records were not being completed.

This is a breach of regulation 17 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

The assistant deputy managers had introduced a daily check list of all those people on diet and fluid charts and repositioning charts following the concerns about poor record keeping. Records were checked twice a

day to identify any shortfalls. However, the arrangement had not been fully embedded as we found significant gaps in records on both days of the inspection. The assistant deputy managers were motivated and determined to improve daily record keeping. Additional reminders were given to staff at each handover.

Arrangements were in place for the daily management of the service in the absence of the registered manager. A deputy manager had been in place but was on sick leave. Two senior care staff had been acting as assistant deputy managers, sharing the daily management responsibilities. Both were experienced and qualified care staff. One had been a registered manager at another service. Both managers assisted with the inspection in a professional and friendly manner. The registered manager was due back at the service within a few weeks. In the meantime, she had regular contact with the managers, as did the provider. The managers said they felt well supported and that advice and support was always available to them. The provider visited the service regularly to meet with staff and review quality assurance processes.

Staff expressed confidence in the temporary management arrangements. They felt they could approach either manager with any queries or concerns.

There were systems in place to obtain people's feedback. Occasional 'resident' meetings were held to discuss any issues and share any changes at the service. An annual satisfaction survey was given to people using the service and their relatives. We reviewed result from the last survey in July 2017.

The provider had used the five key questions used for inspections, is the service safe, effective, caring, responsive and well-led. The results were extremely positive, with all respondents confirming satisfaction to all the questions. The comments made were very positive. Comments included, "Super caring staff, who are 'looking out' for the residents"; "The caring ethos is tangible throughout the Home. Constant observation and quick to provide safety"; "Individuals are cared for to their own timescale, not to the staff's timetable. Staff are generous with their time and attention" and "Having not made any complaints over eight years would indicate that all is well!!"

Action was taken where suggestions for improvements were made. For example, the provider had arranged for people to access computer software which enabled them to have a spoken conversation with (someone) over the Internet. This meant people could keep in touch with relatives and friends. Results from the survey showed people had confidence in the management of the service. One person wrote, "Good and fair management team... well led." Another said, "Strong proactive manager".

Staff said they had the opportunity to air their views at staff meetings, during supervision or informally with any of the managers. Staff meetings were held to provide an opportunity for staff to come together to discuss work issues; health and safety issues and any concerns. The last staff survey in July 2017 used the same key question format. The result showed staff were confident in the standard of care they provided and that they understood each key question. Where issues were raised, for example, about staffing levels and sickness, action was taken. For example, back to work interviews were implemented to assist people back to work safely and effectively. The provider was also recruiting via a web site, adverts in local shops and had a "refer a friend" staff incentive to introduce new staff.

Action was taken following accidents and incidents and lessons were shared. For example, one person had experienced a fall from a wheelchair. As a result, the managers made a referral to a specialist mobility centre and new bespoke wheelchair was obtained. We saw the person moving around the service independently during the inspection.

The registered manager and assistant deputy managers were aware of the requirement to inform the Care

Quality Commission of events or incidents which had occurred at the service.

The most recent CQC rating was prominently displayed in the hallway area of the service.

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	<p>Regulation 12 HSCA RA Regulations 2014 Safe care and treatment</p> <p>Regulation 12 HSCA RA Regulations 2014 Safe care and treatment</p> <p>The provider had not ensured all reasonable and practicable measures were in place to mitigate risks.</p> <p>Reg 12 (1) (2) (c)</p>
Regulated activity	Regulation
Accommodation for persons who require nursing or personal care	<p>Regulation 17 HSCA RA Regulations 2014 Good governance</p> <p>Regulation 17 HSCA RA Regulations 2014 Good Governance</p> <p>The provider had not ensured effective arrangements were in place to monitor the quality and safety of the service. The provider had not ensured that accurate records had been maintained in respect of people using the service.</p> <p>Reg 17 (2) (a) (b) (c)</p>