

Albury Care Home Limited

# Albury Care Homes Limited

## 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?

**Inadequate** 

# Summary of findings

## Overall summary

This was an unannounced inspection which took place on 24 January 2017.

Albury Care Homes Limited provides support and accommodation for a maximum of 33 older people who require residential care. The home provides both permanent and respite services. At the time of the inspection there were 17 people living at the home. Some of the people were living with dementia.

The home does not have a registered manager. A registered manager is a person who has registered with the Care Quality Commission to manage the service. Like registered providers, they are 'registered persons'. Registered persons have legal responsibility for meeting the requirements in the Health and Social Care Act 2008 and associated Regulations about how the service is run. The previous registered manager left in July 2016. A new manager was appointed but left at the beginning of January 2017 and before they had completed the registration process with us. A further new manager had been recently appointed and was present during this inspection.

Albury Care Homes Limited was last inspected on 26 July 2016 when it was given an overall rating of 'Inadequate.' The service was placed in 'Special Measures' and Warning Notices were issued due to unsafe facilities, the environment and for poor management systems and governance. Requirement actions were also set due to concerns that were identified with staffing, personalised care, safeguarding and complaints. The registered provider sent us action plans and regular reports about the steps that were being taken to make the required improvements.

As a result of this inspection the overall rating for this service is 'Requires Improvement.' However, we are placing the service in 'Special Measures.' We do this when services have been rated as 'Inadequate' in any key question over two consecutive comprehensive inspections. The 'Inadequate' rating does not need to be in the same question at each of these inspections for us to place services in special measures.

At this inspection we found that improvements to the environment, safeguarding, complaints and personalised care had taken place. Steps had been taken to improve governance, management and staffing but these had not been sustained. People and staff said the manager was approachable but that stability was needed. The home had been without a registered manager since July 2016 and the registered provider had not ensured compliance with the regulations, or that actions were taken to assess and mitigate all risks to people's welfare. Full information about CQC's regulatory response to these concerns will be added to reports after any representations and appeals have been concluded.

Quality monitoring systems had not ensured all aspects of the service were assessed, monitored and prompt action taken to address shortfalls. Fire safety management had improved but audits and governance systems had not identified where further work was required. Records were still not accurate. These included care records, staff training records and rotas. There were still no separate domestic, laundry, kitchen or activity staff and care staff were responsible for undertaking these duties in

addition to caring for people.

Improvements to the environment and facilities had taken place but aspects were still unsafe or affected the quality of service people received. Some areas of the home were cold and the heating was ineffective. Aspects of fire safety management still needed to be improved.

Robust recruitment processes were not always followed to ensure staff were safe to support people. This was a breach of Regulation 19 of the Health and Social Care Act (Regulated Activities) 2014.

Checks on the electrical wiring in the service, moving and handling equipment and water safety systems had taken place. Food temperatures were now being monitored to ensure it was safe for people to eat and the kitchen had been deep cleaned.

People said that they felt safe and we observed that they appeared happy and at ease in the presence of staff. Safeguarding concerns had been reported appropriately to the local authority and to CQC when required.

People said that they were happy with the care and attention they received and we found that people's health and care needs were managed effectively. Appropriate arrangements were in place in relation to the recording, storage and administration of medicine to help people look after their medicines safely. People in the main, received responsive care based on their individual needs.

People were supported to have choice and control of their lives and staff supported them in the least restrictive way possible. Policies and systems were in place to support this practice.

People said that the food at the home was good and that their dietary needs were met. There was a quiet and calm atmosphere during lunch; no one was rushed. Staff checked that people were satisfied with their meals and offered support throughout. Since our last inspection there had been an increase in the choice of fresh food and snacks people could access.

Staff said that they felt fully supported and that they received training and supervision relevant to their roles and responsibilities. Since our last inspection staff had been provided with training in areas that included infection control, moving and handling and safeguarding.

Everyone that we spoke with said that staff treated them with kindness, dignity and respect. There was a relaxed atmosphere throughout the inspection which benefited people who lived at the home. We observed instances of genuine warmth between staff and people. Staff were able to explain how they respected people's privacy and dignity.

People said that they were involved in making decisions about their care as much as they wanted to be. Since our last inspection the frequency of residents meeting had increased which offered people more opportunities to be involved in decision making processes.

Since our last inspection improvements to the range of activities had taken place. People appeared to enjoy the activities that took place on the day of our inspection.

Systems for identifying, recording, handling and responding to complaints had improved. Records now included evidence of actions taken to investigate and resolve complaints. People said were aware of their rights to raise concerns or complaints.

## 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 consistently safe.

Improvements had taken place to the environment and equipment but further work was needed to ensure all aspects were safe.

A lack of ancillary staff affected the quality of service people received.

Suitable checks were not always completed for staff to ensure they were safe to work and support people.

People said that they felt safe from harm and abuse. Concerns were now being reported promptly to the local authority safeguarding team.

Medicines were managed safely.

**Requires Improvement** ●

### Is the service effective?

The service was not consistently effective.

People were supported by staff who had received training and support that helped them to care for people. However, staff records were not always accurate.

People consented to the care they received. The home was meeting the requirements of the Deprivation of Liberty Safeguards (DoLS) and followed the requirements of the Mental Capacity Act 2005.

People were supported to maintain a healthy diet and told us that food at the home was good. Improvements to the variety and choice of food and snacks had taken place.

People's health care needs were met.

**Requires Improvement** ●

### Is the service caring?

The service was caring.

**Good** ●

People told us that they were treated with kindness and that positive, caring relationships had been developed.

Staff knew the needs of people and promoted their dignity and privacy.

People were supported in making decisions about their care and treatment. People told us that they exercised choice in day to day activities and the care they received.

### **Is the service responsive?**

The service was not consistently responsive.

Care records were not always accurate and did not reflect people's needs. External health professional's involvement was arranged when needed to meet people's needs.

There was now a greater choice of activities that people could participate in.

People felt able to express concerns and improvements had taken place in recording and acting on concerns.

**Requires Improvement** ●

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

The service was not well-led.

Quality assurance processes were still not effective because audits had not always resulted in actions being taken to mitigate risks or to improve the quality of service people received. Records were still not accurate. As a result, people received an inconsistent quality service and their safety was compromised.

The lack of a permanent manager affected the stability of service people received. The registered provider had continued to admit people to the home after agreeing with CQC not to.

**Inadequate** ●

# Albury Care Homes Limited

## 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 24 January 2017 and was unannounced. The inspection team consisted of three 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.

We did not ask the provider to complete a Provider Information Return (PIR) as this inspection took place within six months of our last inspection when a PIR was completed. The PIR is a form that asks the provider to give some key information about the service, what the service does well and improvements they plan to make.

Before the inspection we checked information that we held about the service and the service provider. This included statutory notifications sent to us by the provider about incidents and events that had occurred at the home. A notification is information about important events which the provider is required to tell us about by law.

We also reviewed information shared with us by Surrey County Council Quality Monitoring department and from Healthwatch Surrey. Healthwatch Surrey is an independent organisation that gives the people of Surrey a voice to improve and shape services and help them get the best out of health and social care services. We used all this information to decide which areas to focus on during our inspection.

During the inspection we spoke with six people who lived at the home, the manager, the registered provider and his wife (who had come to the home to assist with the inspection) and four care staff.

We also spent time observing the care and support that people received in the lounges and communal areas of the home during the morning, at lunchtime and during the afternoon. We observed part of the medicines round that was being completed.

We reviewed a range of records about people's care and how the home was managed. These included three people's care and medicine records. We also looked at staff training, support and employment records, quality assurance audits, minutes of meetings with people and staff, menus, policies and procedures and accident and incident reports.

# Is the service safe?

## Our findings

As a result of our last inspection in July 2016 a Warning Notice was issued due to unsafe facilities and the environment. The Warning Notice stated a compliance date of 11 August 2016. Two requirement actions were also made for staffing and safeguarding. The registered provider sent us action plans and regular reports about the steps that had been taken to make the required improvements. On 29 October 2016 the registered provider informed us that the Warning Notice was met.

At this inspection we found that steps had been taken and most aspects of the Warning Notice were met. However, further work was needed to ensure all aspects of the environment were safe. The requirement action for safeguarding was met. The requirement action for staffing was not.

Fire safety management had improved but further work was required to ensure robust fire safety management. New fire doors had been fitted, fire alarm checks by staff had been clearly recorded, and the alarm was tested on the day of our inspection. A fire risk assessment had been completed by an external contractor in October 2016 in accordance with the Regulatory Reform (Fire Safety) Order 2005. The assessment concluded that the fire alarm system and emergency lighting were considered to be satisfactory. An action plan had been regularly reviewed by the manager and updated as actions were completed.

The fire risk assessment dated October 2016 clearly identified that 'There are only two staff on duty at night. Extensive evacuation drills are necessary to ensure that all night staff are familiar with the evacuation plan.' It went on to say 'The home manager should ensure that each fire evacuation zone can be evacuated within four minutes of alarm activation.' Neither of these had taken place. Only two fire evacuation drills had taken place since October 2016, one during the day and one at 8pm. This could not be considered a night evacuation as specified by the fire risk assessment as day staff and the manager were still at the home and took part in the evacuation. The capability of two night staff safely evacuating people using the horizontal evacuation procedure detailed in the provider's fire escape plan had therefore not been tested to see if it was feasible.

Personal evacuation plans (PEEPs) had been updated and reviewed monthly, however they had not taken into consideration people's location within the home with regards to the staffing required to help them evacuate safely or get to a safe place in the event of a fire. Three people lived on the second floor (one was currently in hospital). The two who were left were identified as needing only one member of staff to help them evacuate at night. This was because they could mobilise independently with the use of walking aids. However the only exit from the second floor was by use of the stairs. We asked the manager if he thought these people would be able to negotiate the stairs on their own, or with prompting by staff. He pointed out that there was a slide sheet at the top of the stairs of the second floor so staff would be able to use this to get these two people down and out the building. This equipment had not been recorded on the PEEP summary sheet and the manager was unable to confirm that this could be done at night by one member of staff as recorded on the PEEP summary sheet.

Potential risks to people were assessed and information was available for staff but this was not always accurate and would not help to keep people safe. One person had fallen and as a result broken their leg. Their falls risk assessment stated that they were independent with their mobility. The person told us they used a walking stick when they went out and staff also confirmed this. Their risk assessment gave a score of zero and did not reflect their needs. Also their PEEP was inaccurate as this also said that no walking aids were used.

Therefore, although improvements to the environment and facilities had taken place aspects remained unsafe for people who lived there. This is a continued breach of regulation 12 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

A second person had an accurate falls and malnutrition risk assessment completed that reflected their current mobility and dietary needs.

Fire extinguishers and the alarm systems had been serviced by an external agency in January 2017. Checks had been completed on the electrical wiring in the home and an electrical safety certificate (5 year) had been issued. A gas safety certificate was in place, and recorded a satisfactory installation. The passenger lift had been inspected in accordance with the relevant regulations along with tests to hoists and slings.

We noted that there was still some odour around the home but these were limited to one bedroom that was in use and one that was currently vacant. The bedroom in use was having the flooring removed and sealed before a new floor was placed. We saw this work being done and the old floor cover being removed. The kitchen area and cupboards were clean, and tidy. The dishwasher had been deep cleaned by a contractor. Records of kitchen cleaning were kept, and the condition of the kitchen confirmed that the records were accurate. Damaged floor tiles in the kitchen were in the process of being replaced. COSHH data sheets were in place for the cleaning products used in the home.

There was still no sluice facility in the home. The manager and the provider said that they had identified a space for it, and had received quotes to have this installed. They did not yet have a confirmed start date for this. There were appropriate cleaning products in place, such as antibacterial wipes and cleaning agents for hygienic cleaning of the bed pans. An infection control audit had been completed by the manager in January 2017 and staff had received infection control training.

Regular checks were now taking place to ensure water systems were safe. Legionella checks had been completed by an external contractor and appropriate checking of water temperatures around the home were recorded by staff. Shower heads were regularly inspected and descaled, and flushing through of little used taps and outlets was also completed and recorded (both important to reduce the risk of legionella build up).

Food temperatures were now being monitored to ensure food was safe for people to eat. The results of the temperature checks were recorded in the booklet supplied by the manufacturer. This included recording the batch code of the food, along with the temperature measured. Staff serving the food were able to tell us the temperature the food must reach before it can be served. They were seen to follow the temperature guidelines during the inspection when they identified dessert had not reached the required temperature. They apologised to the people, giving an explanation that it would not be safe to serve, and put the dessert back into the heater for a while until it had reached the required temperature. Daily records of food provided and the temperatures were recorded.

Sufficient numbers of staff were still not deployed to ensure people received a consistent, good quality

service. Sufficient numbers of care staff were allocated on shift but ancillary staff were still not available. As a result, this took reduced the time care staff could spend with people as they needed to complete cleaning, cooking and laundry tasks. This affected the quality of service provided. One person who lived at the home was socially isolated and spent long periods of time in their room. Records confirmed that care staff spent time with the person completing personal care but they did not show that time was spent with the person socially.

Staff said that they had time to care for people safely as the number of people who lived at the home had reduced from 22 to 17. One person said, "It was stressful but now it's an absolute pleasure as we are not so rushed." A second member of staff said, "Staffing is not too bad. On the whole we have four on duty in the mornings. We did have a housekeeper who was going to start work but they didn't. Ancillary staff is not great but care okay as low numbers of residents."

We were informed that staffing levels consisted of four care staff of a morning, three of an afternoon and two during the night. Prior to the inspection the registered provider had informed us that a kitchen assistant, housekeeper, activity person and maintenance person had been recruited. At this inspection we found that apart from the maintenance person no other ancillary staff were employed. The manager told us that staff had been employed to undertake the various roles but had either not started or then left. The registered provider had not considered the use of agency staff to fill the ancillary vacancies despite using agency staff to cover care shifts. This resulted in care staff having to undertake additional tasks such as preparing and serving meals and cleaning. This reduced the time they had to care for people. This was the same as at our previous inspection.

Dependency assessments were completed to decide safe staffing levels. These did not include consideration of other aspects such as the layout of the home, ancillary staff and hours for activities despite the provider's dependency guidance stating that it should.

This is a continued breach of Regulation 18 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

Robust recruitment processes were not always followed to ensure staff were safe to support people. Of the six sets of records that we looked at one staff member's records included a Disclosure and Barring Service (DBS) reference number but did not include details of when this was received. The DBS helps employers make safer recruitment decisions and helps prevent unsuitable people from working with people who use care and support services. The newly appointed manager's records did not include evidence of a DBS and there was only one reference on file. There was no record of confirmation that appropriate checks had been completed for one of the agency staff on duty.

This is a breach of Regulation 19 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

As requested, the agency staff information was sent to us within 24 hours of our inspection. The registered provider also sent us documentary evidence that as a result of our inspection a DBS had been applied for the manager.

When incidents and accidents occurred records evidenced that action was taken to minimise the chance of a re-occurrence. For example, as a result of a stroke and two falls one person was moved to a ground floor room and they were given an emergency call pendant that they could use to alert staff if they fell or felt unwell. We saw that the person was wearing the pendant and staff were able to explain which people used

these without referring to records.

People said that they felt safe and we observed that they appeared happy and at ease in the presence of staff. One person said, "I feel safe living here" and "I feel protected". When asked what made this person feel safe they described to us that they had a pendant alarm that was hanging over their wheeled walking frame that they had easy access to.

Systems and processes were in place to safeguard people from abuse. Staff were able to identify the correct safeguarding procedures should they suspect abuse. They were aware that a referral to an agency, such as the local Adult Services Safeguarding Team should be made, in line with the provider's policy. Information was available to staff about the reporting procedures if they had concerns about peoples welfare and safety. The previous manager had reported safeguarding concerns to the local authority and to CQC when required. For example, when a person sustained unexplained bruising to their hand and had taken action to ensure the person had not been harmed. This included seeking medical attention, implementing monitoring records and reviewing staff practice.

Medicines were managed safely. Appropriate arrangements were in place in relation to the recording, storage and administration of medicine. A monitored dosage system was used to help ensure people received the correct amount of medicine at the right time. We saw that each medicine administration record (MAR) sheet was legible and complete. The member of staff who gave people their medicines followed safe procedures. They did not sign MAR sheets until people had taken their medicines and explained what each medicine was for. The medicine trolley was locked when left unattended.

The member of staff who gave people their medicines told us that the manager had recently assessed their competency and that this included observing them giving people their medicine. The same member of staff had completed medicines training but needed to complete refresher training as this had expired. They told us that they had agreed with the manager to complete this by the end of January.

## Is the service effective?

### Our findings

Staff said that they felt fully supported. One member of staff said, "I had induction. A member of staff showed me the house, residents and how things work here. For example if there was a fire. I was shown fire points and told not to use the lift." A record was in place that confirmed the induction process had included fire safety, care plans, policies and procedures, infection control and the environment. The same member of staff said that they had received training from a previous employer but that records were not available to confirm this.

Staff said that they had received training relevant to their roles and responsibilities. One member of staff said, "Oh we have had plenty. For example, fire safety, moving and handling, safeguarding, food hygiene, DoLS. Some was here and others was on line." A second member of staff said, "Since your last inspection we have had infection control, fire, moving and handling, safeguarding and bedrail training." A third member of staff said, "I have my NVQ 3 and 4 in adult social care, I did it in London, which included activities, not specific training for activities but for stimulation. I am the fire marshal, first aid, infection control, mental capacity, moving and handling. We do e-training or in house."

The training matrix supplied to us stated that all apart from one member of staff have completed training in areas that included fire, first aid, safeguarding, equality and diversity and infection control. Five staff had also completed training in health and safety, MCA, Nutrition and diet, diabetes and dementia awareness. All staff had completed moving and handling training. Only three staff had completed medicine training on an annual basis; this was not in line with the provider policy.

Staff said that they received sufficient supervision and support to undertake their duties. There were six permanent staff employed at the home. All other care positions were filled by agency staff. Four of the six permanent staff had received a one to one supervision with the new manager in January 2017. Two of the regular agency staff had also received a supervision session. Prior to this all of the permanent staff had received a supervision session in November or December with the previous manager. The records of supervision with the previous manager were detailed, informative and individualised. The records of supervision with the current manager were not.

In addition to one to one supervision regular staff meeting had been held where subjects had been discussed that included health and safety, MCA, safeguarding and care of people. The new manager had a supervision plan in place which informed us that staff would receive four supervisions a year one of which would be an appraisal.

We checked whether the home was working within the principles of the Mental Capacity Act 2005 (MCA), and whether any conditions on authorisations to deprive a person of their liberty were being met. The Mental Capacity Act 2005 (MCA) provides a legal framework for making particular decisions on behalf of people who may lack the mental capacity to do so for themselves. The Act requires that as far as possible people make their own decisions and are helped to do so when needed. When they lack mental capacity to take particular decisions, any made on their behalf must be in their best interests and as least restrictive as

possible.

Mental capacity assessments had been undertaken where appropriate. For example, for a person who lacked capacity to agree to living at the home and who was unable to leave without supervision. One person's records confirmed that a relative had a Lasting Power of Attorney (LPA) for health and welfare decisions. A LPA is issued by the Office of the Public Guardian to ensure people had the legal right to act on behalf of individuals. Confirmation that the relative was legally authorised had been obtained and recorded on the persons file. An audit had identified that clarification about LPA's was needed for nine other people who lived at the home.

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). DoLS application had been submitted to the authorising authority for people when required. At the time of our inspection one had been authorised.

Staff checked that people consented to care and support before this was provided. This included when medicines were given. For example, a member of staff said to one person, "May I give you your morning meds? Would you like orange or blackcurrant with them?" People who had capacity had signed their care plans.

Staff had received training on MCA and DoLS but one of the three staff spoken with did not demonstrate sufficient understanding. With regard to MCA they said, "If not able to think for themselves we are here to help them." A second member of staff was able to explain people's rights to consent and the MCA. They said, "When a client comes here we assess if they have capacity to do things for themselves. There are steps to follow. If they're well, mentally alert and good you don't need to proceed with the assessment as they have capacity. If they have dementia or brain injury, you do the assessment. You ask questions; have they retained information, can they tell you what they mean. Infection can make them confused; you can call the mental health team."

People said that the food at the home was good and that their dietary needs were met. One person told us, "I'm not a big eater but I think it's good." A second person said, "I have my breakfast brought to me in bed. It's lovely."

We observed the lunchtime dining experience and found that people received appropriate support based on their individual needs. Tables were set for lunch and include table cloths, napkins and salt and pepper pots. All dining chairs had arms which were helpful for people to sit and to stand independently. People were offered a choice of drinks with their lunch that included Sherry. Each time a meal was presented to a person the member of staff greeted the person by name and explained what the meal was. One person had previously ordered salmon crumble but changed their mind and another dinner of liver was given to them. Another person had a gluten free meal that met their dietary needs. There was a quiet and calm atmosphere during lunch; no one was rushed. Staff checked that people were satisfied with their meals and offered support throughout.

The home used a prepared frozen meal system for the main meal of the day. This was supplied by external caterers and included a range of balanced meals and options for specialist requirements. Breakfast and the evening meal was prepared, cooked and served by care staff at the home. The food choices at these times were lighter meals such as soup and sandwiches. At our previous inspection we found that there were limited fresh products in the home and people told us of times when there had been limited food items in the home that reduced the choices people could have. At this inspection we found a range of fresh food and

snacks available to people.

Throughout our inspection staff encouraged people to have drinks between meal times to help them keep hydrated. Where required this included staff supporting people by holding cups to people's mouths and offering words of encouragement. An assortment of snacks and drinks was available in communal areas that people could access at any time. These include tea, coffee, squash, coffee, fruit and cakes. One person said, "It's really lovely fresh fruit." Another person told us that when they had moved into the home they were underweight but that this was no longer a problem as they had put on "over a stone". This person confirmed that they were weighed regularly.

People said that they were happy with the care and attention they received and we found that people's health and care needs were managed effectively. One person told us that they had regular visits from their GP. This was the same GP the person had when they lived at home and who knew the person well. The same person went on to tell us that they had annual eye tests and a flu vaccination. A care plan was in place that had been reviewed regularly to ensure it was effective along with records of health care appointments relevant to their medical conditions.

The provider involved a wide range of external health and social care professionals in the care of people. Staff were able to explain the procedures that should be followed if people became unwell. One member of staff said, "There are four surgeries for the residents. I send a fax to the surgery; the GP requests a fax rather than a phone call, and then they phone or visit. If we don't hear from them before 4pm we contact them again so I know what I need to hand over to staff. If it's an emergency we dial 999 and if it's at night ring 111."

## Is the service caring?

### Our findings

People were treated with kindness, dignity and respect. One person told us, "Everyone is very nice. Everyone is pleasant." A second person said of the staff, "Very kind & helpful."

We observed care in communal areas throughout the inspection. Staff were respectful and kind to people living at the home. We observed instances of genuine warmth between staff and people. For example, staff, when spending time with one person in their room were heard to have a lovely conversation about the person's family and a forthcoming addition to this. On another occasion the registered provider's wife sat talking to people and was seen holding their hands. On a third occasion a member of staff was heard to say to one person, "You look lovely, look at your hair." It was evident that this level of conversation and interaction was normal between people.

There was a relaxed atmosphere throughout the inspection which benefited people who lived at the home. People were able to eat their meals at a pace of their choosing, get up and retire to their rooms when they choose.

People's personal preferences were respected and known by staff. One member of staff explained that people's preferences were recorded in their care plans. They said, "This includes who wants to get up early in the morning and if they prefer male or female staff." The member of staff then told us of people who preferred female staff to assist them with personal care and records confirmed this preference was upheld by staff. One person confirmed their times of rising were respected. They said, "I'm not an early riser, no one comes too early. All the staff are very pleasant."

People's privacy and dignity was promoted. Staff were able to explain how they respected people's privacy and dignity. One member of staff said, "When washing I make sure cover with a towel as much as possible. Also I talk to them to make them feel comfortable with me." Staff were seen to discreetly advise people when they required attention to their personal care and this was always provided in private. People were appropriately dressed. Men were shaved and some women had their hair set. A hairdresser visited the home on a regular basis and was seen in attendance on the day of our inspection. People who required them wore hearing aids and glasses that were clean.

All bedrooms at the home had ensuite bathrooms and locks on doors which enhanced people's rights to privacy. People were happy with their rooms and confirmed they were able to personalise them with photographs and items that were important to them. One person told us that they loved their room, that it was a good size and that it, "Was one of the best rooms" in the home. Staff were observed knocking on people's doors before entering and people confirmed this was normal practice. When one person in the lounge needed to be moved with the aid of a hoist staff positioned screens around the person to maintain their privacy. A member of staff involved in this explained afterwards, "We give our residents choices and independence, we respect them."

People said that they were involved in making decisions about their care as much as they wanted to be.

Since our last inspection the frequency of residents meeting had increased which offered people more opportunities to be involved in decision making processes. During a residents meeting in January 2017 the registered provider had introduced the new manager and sought suggestions for future activities. As a result of a residents meeting held in November 2016 changes to the menu had taken place. Throughout the inspection staff were heard offering people choices and acting on these. For example, during lunch one member of staff said to a person, "Did you enjoy your meal? Would you like me to cut the potatoes into slightly smaller pieces?" The person replied that they did not and the member of staff respected this.

## Is the service responsive?

### Our findings

As a result of our last inspection in July 2016 two requirement actions were set due a lack of personalised care and how the provider had managed complaints. The registered provider sent us action plans and regular reports about the steps that had been taken to make the required improvements. At this inspection we found that steps had been taken and the requirement actions were met. However, care records were not always accurate.

People's needs were assessed to reflect their individual needs. However, assessment and care plans were not always up to date or person centred. One person had a pre-admissions assessment completed during June 2016. This contained minimal information that would allow staff to gain an understanding of them as a person. For example, under the heading of social interests it stated that the person needed encouragement but had 'no particular interests.' The persons care plan stated that they had strong Christian beliefs. Although this person's records were not accurate they told us that they were satisfied with the care they received and that their needs were met.

Despite the omissions in care records people received responsive care based on their individual needs. When one person injured themselves manoeuvring in their wheelchair advice was immediately sought from a district nurse, first aid given and arrangements were made for a follow appointment with the district nurse. The person's family were informed and arrangements made for a different wheelchair to be obtained.

When another person's needs changed a referral was made an urgent request was made for the physiotherapy assessment and this was then completed. Arrangements were also made for the person to be seen again by the GP and their medicine was reviewed.

On the day of inspection one person was escorted to a hospital appointment for assessment of new footwear to help with their mobility.

Since our last inspection a noticeboard had been placed at the entrance of the home that informed people of staff employed at the home. Copies of minutes of resident and relative meetings were also on display along with the most recent CQC inspection report. This helped people to be kept informed and to be involved in decision making processes. For example, during a November meeting people said that they preferred to spend mornings in their rooms. In response to this activities had been arranged for afternoons.

Since our last inspection improvements to the range of activities had taken place. The previous manager had introduced a weekly activities programme. This included reminiscence, quizzes and arts and crafts, bingo, arm chair exercises and external entertainers. These included music for health, a singer and piano player and a person who brought a dog that people could touch and interact with. Healthwatch Surrey visited the home in September 2016 and their report confirmed that activities had increased and people benefited from these.

People appeared to enjoy the activities that took place on the day of our inspection. One person was

looking at the daily paper. They told us, "I love the Bowles, I'd like to keep the lady here all the time. I like to get the paper, I can't see the small print due to my eyesight but I like to read the headlines. I used to love reading. My niece is looking into talking books for me."

During the morning of our inspection a member of staff led an armchair exercise activity with four people. Later in the day music was played and staff and people joined in singing which people appeared to enjoy. Another person was seen playing dominoes with a member of staff. Throughout the day there was a calm and relaxed atmosphere.

Pictures and photographs of times gone by had been placed in communal areas to assist people to remember events. An area in the dining room had been created for high tea with an assortment of cakes available to people and their visitors. A member of staff explained, "This is 'cosy corner'. I put the armchair there yesterday, as there were only two hard chairs [previously]. It's going to start soon. There will be free packs of tea bags and coffee and people will be able to make themselves drinks."

People said were aware of their rights to raise concerns or complaints. One person said, "No complaints, everyone is very nice. Everybody is pleasant." Some people told us that they did not like to raise concerns. They used terms such as they did not want to "Cause trouble" or "Did not want to bother the staff." It was documented in a residents meeting held during November 2016 that one person said items of their clothing had been lost but that 'Doesn't like to complain.' The manager reinforced to people that they could approach them directly with any concerns and spoke to staff about ensuring laundry was returned to the correct people.

Systems for identifying, recording, handling and responding to complaints had improved. A compliments and complaints book was at the entrance to the home that people could record comments in if they wished. This had three entries from October 2016 to January 2017. These related to care staff being complimented for the support they provided to people and concerns about changes management. For example, one person had written, 'Very sad that [manager] has left us. Hope a new manager can be found quickly. We need clarity on processes, e.g. on admission, individual clothes, who to contact. Thank you to lovely carers and all your efforts and thoughtful cheerfulness.'

Records now included evidence of actions taken to investigate and resolve complaints. Two formal complaints had been received. As a result of one, an action was identified to complete hospital passports for each person who lived at the home. Hospital passports provide important information to medical professionals about the health and care needs of people should they be admitted to hospital. These were in the process of being completed. The registered providers complaints procedure was displayed at the entrance of the home in order that people could refer to this if needed. The procedure included the contact details for the CQC, Surrey County Council and the local government ombudsman so that people could make contact if they wished to share information about the service they received.

## Is the service well-led?

### Our findings

As a result of our last inspection in July 2016 a Warning Notice was issued due to poor management and governance systems. The Warning Notice stated a compliance date of 1 September 2016. On 29 October 2016 the registered provider notified us that the Warning Notices were met. At this inspection we found that steps had been taken but that issues remained.

From July to September 2016 the registered provider had been managing the home when the registered manager left. A new manager was recruited and left on 2 January 2017. The registered provider again managed the home along with a newly appointed manager who was present during this inspection.

People told us they did not know who was managing the home. One person said, "The main problem is that there is no manager, they need someone in charge." A second person said that they did not know who the current manager was which they had found difficult as there had been "Quite a few changes" in managers who leave.

Staff said that the current manager was approachable but that stability was needed. One member of staff said, "We need someone permanent, with clear rules who will not change in three months' time. I have had a good relationship with all the managers but we need stability." A second member of staff said, "It's a shame the previous manager left. (registered provider and his wife) are here a lot so I can always approach them if needed." A third member of staff said, "It's unsettling without a manager but the owner is very good."

Of the six breaches of regulation identified in the July 2016 inspection, three have been met, one partly met and two remain unmet. In addition, a new breach of regulation 19 was identified at this inspection. This demonstrated that although improvements to management and governance systems had taken place the registered provider had not ensured full and comprehensive processes ensured sustained compliance with the regulations.

An improvement plan was in place that was linked to the breaches of regulations identified as a result of the July 2016 inspection. Aspects of the improvement plan had been acted upon in line with its contents but others had not. With regard to regulation 9 person centred care the improvement plan stated staff should completed e-learning on this subject by 10 December 2016. This had been extended to the 31 December by the previous manager and then to 14 February 2017 by the current manager. This meant that action was outstanding for seven months.

A document titled 'Managers quality assurance audit outcomes' dated 21 November 2016 stated that 'not all care plans have been audited.' It named the previous manager and the registered provider as people responsible for reviewing and auditing the care plans by 31 December 2016. This had been extended to 15 January 2017 but had not been acted upon at the time of our inspection. The same document stated the same people would audit staff files again by the same date. This also had not been completed at the time of our inspection.

People's views had not been sought about the quality of service provided and used to drive improvements. An action plan stated 'feedback forms from July 2016 surveys – collate and analyse with owner.' The timescale set was originally 15 December 2016. This was extended to 15 January 2017. The manager confirmed this had not been acted upon.

Audits had been completed for areas that included infection control, call bell response times, the kitchen and laundry, medicines, meals, MCA and DoLS. A lot of work had been undertaken to improve the environment and facilities to ensure it was safe. As a result the Warning Notice for regulation 12 was met but further work was needed to ensure all aspects of the home were safe. For example fire safety management. The escape route for two people on the ground floor in the event of a fire was unsafe. There was only one fire door (their bedroom door) when there should have been two. Both rooms had doors that led outside but these were locked and the keys were located in the manager's office so would not be easily accessible in the event of an emergency.

Since our last inspection staff had received fire safety training. We did note that one of the two night staff employed had not and as a result might not know what to do in the event of a fire.

The manager was not able to explain how their own internal health and safety checks and audits had failed to identify these issues. Therefore, systems and processes were not robust and did not mitigate all risks relating to people and fire safety.

When spending time with one person in their room we noted that the temperature of the room felt cold. We asked the person if they were warm enough and they said, "I would be nice if it was warmer." They then pointed to a blanket and explained that they used this to keep warm. We also found that the conservatory was very cold. When one person came into the conservatory they said, "I don't know how you can sit in here it's very cold." They then left the room and sat in the main lounge. The registered provider turned the thermostat in the conservatory up but no heat was produced. The minutes of a residents meeting held on 17 November 2016 confirmed that issues with the heating in the home had been discussed. They stated, 'Heating – not working well, especially upstairs. Engineer came out yesterday and checked system. It has no fault but the way the system is laid out staff need to keep heating low downstairs, medium on middle floor and hot upstairs. For cold rooms we have portable heater. Please let staff know if your room is still cold.' There was no evidence that the registered provider had been proactive in monitoring room temperature to ensure they were at safe and comfortable levels. This was not in line with NHS guidance 2016: Cold weather plan for England: protecting health and reducing harm from cold weather.

The issues we found at this inspection had not been identified by the registered provider within their quality assurance systems and this demonstrated they were not fully effective in assessing, monitoring and mitigating potential risks.

As requested, within 24 hours the registered provider sent us documentary evidence that the heating in the conservatory had been repaired. The registered provider also informed us that the keys for exist doors in people's bedrooms had been made easily accessible in the event of an emergency and that as a result of our feedback the fire risk assessment was being reviewed.

As a result of the MCA and DoLS audit in December 2016 the previous manager had identified that documentation was missing and clarity required in relation to LPA status for nine people who lived at the home. This had not been acted upon at the time of this inspection.

Meetings had taken place with the registered provider and managers of the home in order that the provider

retained oversight of the service and to monitor the quality of service provided. Although these helped to ensure some issues were addressed some actions were outstanding. For example, as a result of the meeting held 19 December 2016 it was tasked to the current manager to review staff recruitment files. This had not taken place and evidence from this inspection confirmed gaps in recruitment records. Another action as a result of the meeting was for the registered provider and current manager to review the homes statement of purpose. This had been completed and an amended one submitted to CQC. However, the amended statement of purpose was not accurate and the registered provider was notified of this. This had not been acted upon at the time of our inspection.

Records were not accurate or up to date or always accessible. There were two agency staff on duty during our inspection. Information supplied by the agency was in place for one but not the other. Rotas did not always accurately reflect staff who had been on duty. At the start of our inspection the manager was unable to show us staff training information stored on the computer as they did not have the password to access this. The registered provider was also unable to access this. During the afternoon of our visit this issue was resolved. However, the training matrix referenced staff who no longer worked at the home and did not include information about the current manager. The improvement plan had not been updated and referenced information about a previous manager.

Care records were not always accurate or up to date. One person had a hospital passport section in the care plan that would be used to give hospital staff important information about the person if they needed to attend hospital appointments. Sections of this were either incomplete or contained minimal information and did not reflect information in other parts of the person's records. A member of staff informed us that the persons medicines had been reviewed when they first moved to the home due to behaviour that could be viewed as challenging. During September 2016 there was an incident when the person refused their medicines and threw water at staff. This was not recorded in the persons care records.

Recent staff supervision records were not individualised. Supervision records completed by the current manager were the same, with subject headings discussed. There was no record of actual discussion and the format did not include evidence of the staff member's involvement apart from their signature on the bottom of the form.

After our inspection in July 2016 we met with the registered provider to discuss our concerns, the home being placed into special measures, the enforcement action taken and to seek assurances that improvements would be made to ensure people lived in a consistently well managed home. The registered provider gave us assurances that improvements would take place and said that whilst these were happening they would not admit any new people to the home. During a meeting with Surrey County Council in December 2016 the registered providers wife (representing the registered provider) informed us that a person had been admitted to the home for a period of respite but they would ensure no-one else was admitted.

At this inspection we found that a person was due to be admitted to the home that day. When we raised this with the manager they confirmed that the person was due to move in that day but that as a result of our presence they had, "Delayed as I think it would be unfair on her. I want her to settle in." When asked, the manager confirmed that the registered provider was aware that the person was due to move into the home that day. The providers wife told us that they had explained to the person the current status of the home and the possible implications and the person. However, there were no records to confirm this conversation within the pre admission assessment for the person and the manager and wife of the provider confirmed none had been made.

Within 24 hours of our inspection the registered provider again, wrote and informed us that they would not admit any new people to the home without our prior agreement.

The above evidence demonstrates a continued breach Regulation 17 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

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 19 HSCA RA Regulations 2014 Fit and proper persons employed  The registered person had not ensured robust recruitment processes had been followed at all times.