

Albury Care Home Limited

# Albury Care Homes Limited

## Inspection report

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### Ratings

Overall rating for this service

Inadequate 

Is the service safe?

Inadequate 

Is the service effective?

Requires Improvement 

Is the service caring?

Good 

Is the service responsive?

Requires Improvement 

Is the service well-led?

Inadequate 

# Summary of findings

## Overall summary

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 22 people living at the home, some of whom were living with dementia.

This was an unannounced inspection which took place on 26 July 2016.

During our inspection the registered manager was present. 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.

Albury Care Homes Limited was last inspected on 07 December 2015 when it was awarded an overall rating of 'requires improvement'. Five breaches of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014 were identified. These related to recruitment, staff support, safe care and treatment, person centred care and quality assurance. Requirement actions were set and the provider sent us an action plan that informed us of the steps that would be taken to become compliant with the regulations. The domain of well led was rated as 'inadequate' and this is the reason the latest comprehensive inspection took place. We needed to check to see if the required improvements had taken place at the home.

At this inspection we found that management of the home was ineffective and that there had been a further decline in aspects of the service. Although some attention had been given to fire safety, replacing windows and carpets many other aspects of the environment were unsafe. These included locked fire exit doors, combustible items stored next to electrical installations, a lack of emergency lighting, excessive water temperatures, poor infection control practices and cleanliness.

The registered manager could not produce a number of records or certificates that would confirm the environment and facilities were safe. We requested that this be sent to us within 24 hours of our inspection. We received some within this timeframe but the majority were sent to us after. Many of the documents sent to us did not demonstrate that regular and effective checks were made. We took enforcement action in response to this and served a Warning Notice on the registered provider.

After our inspection we shared our concerns with Surrey County Council safeguarding team, Quality assurance department, the environmental health department and Surrey Fire and Rescue Service.

The registered manager had completed audits to monitor the quality of service but these had not identified any concerns and did not reflect our inspection findings. Therefore they were ineffective at driving improvements. This was the same as at our previous inspection. We took enforcement action in response to this and served a Warning Notice on the registered provider.

There was still a lack of stimulation and no opportunities for people to go out into the community. The registered manager had assessed one person and allowed them to move into the home knowing they could not meet their needs which left them isolated and unable to communicate with staff. You can see what action we told the provider to take at the back of the full version of the report.

Although people said that their care needs were met staffing numbers meant that staff did not have time to sit and talk to people as they were focused on delivering care and completing domestic and kitchen tasks. Shifts were not always covered when staff were on leave and this impacted on the quality of service provided. You can see what action we told the provider to take at the back of the full version of the report.

People said that they felt safe, free from harm and would speak to staff if they were worried or unhappy about anything. However, the registered manager had not always ensured prompt action was taken when concerns were identified or raised. You can see what action we told the provider to take at the back of the full version of the report.

Some improvements had been made since our last inspection. Robust recruitment procedures had been followed to ensure all staff, including agency staff were safe to support people. Staff were now being provided with formal supervision and training specific to the needs of people who lived at the home had been provided.

As at our last inspection people said that they consented to the care they received. Correct procedures had been followed if people lacked capacity and were being deprived of their liberty in anyway. Further attention to ensure assessments are regularly reviewed should be given.

People said that in the main they were happy with the choice of food and drink in the home. Further consideration should be given to expand the choices available at breakfast and dinner.

People said they were treated with kindness and compassion. Our observations supported the views of people. Staff were seen to be respectful to people, talk to them kindly and to promote their dignity and privacy when providing care. This is the same as at our last inspection.

Medicines were administered, recorded and stored appropriately and people's health care needs were managed effectively.

Risk assessments and care plans were in place that considered potential risks to people. However, the content and quality of information in care records varied. The home had been receiving support from Surrey County Council Quality Assurance team to develop its care planning systems. This was still a work in progress at the time of our inspection.

"The overall rating for this service is 'Inadequate' and the service is therefore in 'special measures'. Services in special measures will be kept under review and, if we have not taken immediate action to propose to cancel the provider's registration of the service, will be inspected again within six months. The expectation is that providers found to have been providing inadequate care should have made significant improvements within this timeframe.

If not enough improvement is made within this timeframe so that there is still a rating of inadequate for any key question or overall, we will take action in line with our enforcement procedures to begin the process of preventing the provider from operating this service. This will lead to cancelling their registration or to varying the terms of their registration within six months if they do not improve. This service will continue to be kept

under review and, if needed, could be escalated to urgent enforcement action. Where necessary, another inspection will be conducted within a further six months, and if there is not enough improvement so there is still a rating of inadequate for any key question or overall, we will take action to prevent the provider from operating this service. This will lead to cancelling their registration or to varying the terms of their registration.

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

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

We always ask the following five questions of services.

### Is the service safe?

Inadequate 

The service was not safe.

Prompt action had still not been taken to ensure the environment and equipment was safe and this placed people at risk of harm.

People said that there were enough staff to meet their needs at the times they wanted or needed. However, staff levels affected the quality of service people received.

People said that they felt safe from harm and abuse. However, the registered manager had not always informed the local authority safeguarding team promptly of concerns.

Suitable checks were now completed for all staff to ensure they were safe to work and support people.

Medicines were managed safely.

### Is the service effective?

Requires Improvement 

The service was not consistently effective.

The home was meeting the requirements of the Deprivation of Liberty Safeguards (DoLS) as applications to deprive people of their liberty had been made. However, assessments of capacity were not always kept under review.

People were supported to maintain a healthy diet and told us that food at the home was good. However, variety and choice was limited at breakfast and dinner.

People's health care needs were met.

People were supported by staff who received training and support that helped them to gain the skills and knowledge needed to care for people.

### Is the service caring?

Good 

The service was caring.

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

People received care that was task focused. The registered manager had admitted a person to the home knowing their needs could not be met.

People were not always supported to participate in activities or to access the wider community.

People felt able to express concerns but these were not always acted upon.

External health professional's involvement was arranged when needed to meet people's needs.

**Requires Improvement** ●

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

The service was not well-led.

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

The registered manager had not ensured their knowledge and skills resulted in a well led, quality service and there was a lack of oversight from the provider.

**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 27 July 2016 and was unannounced. The inspection team consisted of one inspector, a specialist health and safety advisor 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 12 months of our last one 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 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 and one visitor. We also spoke with three care staff, a maintenance person, the registered manager, a consultant employed by the provider and the nominated individual. We contacted three external health and social care professionals prior to our visit. None responded to our requests for information. However, we did speak to a visiting healthcare professional and a hair dresser who were at the home at the time of our inspection.

We observed care and support being provided in the lounge and dining areas and we also spent time observing the lunchtime experience. We also 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 records, medicine administration records, four staff training, support and employment records. We also examined a range of health and safety records, quality assurance audits, minutes of

meetings, menus, policies and procedures, complaint records and accident and incident reports.

Albury Care Homes Limited was last inspected on 07 December 2015 when it was awarded an overall rating of 'requires improvement'. The domain of well led was rated as 'inadequate' and this is the reason the latest comprehensive inspection took place. Five breaches of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014 were identified. These related to recruitment, staff support, safe care and treatment, person centred care and quality assurance.



# Is the service safe?

## Our findings

At our previous inspection in December 2015 two breaches of regulations were identified. These related to recruitment and safe care and treatment. Requirement actions were set and the provider sent us an action plan that stated they would meet the requirements of the regulations by December 2015. At this inspection we found that sufficient action had been taken to meet the recruitment requirement action. Sufficient steps had not been taken to address the environmental concerns and we found that there had been a further deterioration that placed people at risk of harm.

People's views on the environment varied. One person said, "I looked at other places but they looked dark and forbidding; here is more open. I hope to get out into the garden more this year." A second said, "It's always clean and tidy." Two people said that carpets in bedrooms were stained and at times bins in the home were overflowing.

Prompt action had not always been undertaken to ensure the environment and equipment was safe. At our previous inspection concerns were identified in relation to fire safety. We received information from the provider that the issues had been addressed. We passed on our concerns about fire safety to Surrey Fire and Rescue Services, the lead agency for fire safety management to ensure that the arrangements made by the provider were appropriate and safe. As a result of an inspection by Surrey Fire and Rescue Services in March 2016 an Enforcement Notice was served and the provider was given three months to make the required improvements.

The registered manager informed us that Surrey Fire and Rescue Services had re-inspected the home and was now happy with fire safety there. They did not have a report that confirmed this. However, we found a number of new fire safety concerns. These included some rooms that did not have emergency lighting or lighting that did not work, fire exit doors with coded locks that staff did not have the code to open and a large amount of combustible items stored in the cellar next to electrical installations.

Personal Emergency Evacuation Plans (PEEPS) were in place for each person to move them safely in the event of a fire. However, these did not contain sufficient information and were generic in content. For example, they all stated 'Staff will need to help to move to safety zone by use of a wheelchair.' The registered manager told us that there were three people who required the assistance of two staff to move. Staff told us there were five. At night there were two staff on duty. The reduced staffing levels at night had not been considered when PEEPS were completed. A fire risk assessment was completed during September 2015. This did not consider or assess how less able and wheelchair dependant people would be supported to a safe place in the event of a fire.

At this inspection we found that there had been a decline in other areas of environmental safety that placed people at risk. There was a strong odour of urine coming from the carpet in three people's rooms. A member of staff told us one of the rooms had the carpets cleaned regularly but the person regularly removed their continence aid and urinated on the floor. Alternative waterproof flooring had not been considered that would reduce the risk of infection.

The kitchen was dirty and there was a build-up of grease, crumbs and debris on shelving, the floor, on the oven and extractor fan and around the sinks. There was a build-up of ice and crumbs in the fridge. Used mops were left in open spaces with no cleaning or storage facilities for effective disinfection. The registered manager could not produce COSHH data or instructions for safe handling and use of chemicals and chlorine releasing agents when requested and could not confirm if they were in place.

The registered manager told us that he had recently completed an infection control champion course and was awaiting certification. When we asked if the home was clean and free from risk of infection the registered manager said, "I raise my hands there's a lot to be done."

There was no separate sluice facility within the home with staff using ensuite toilets to dispose of bodily waste and to clean bed pans. Commodes were dirty and stained. There was no effective cleaning schedule for commodes and bed pans. Staff were observed wearing disposable gloves and aprons when moving from one room to another after assisting people with personal care. This increased the risk of spread of infection.

The registered manager had completed an infection control audit on 13 July 2016. This included auditing hand hygiene systems, the environment including the kitchen, disposal of waste and personal protective equipment and processes. The only actions this identified was that 'Some areas need good cleaning as builders are working' and 'Kitchen to keep cleaning thoroughly.' The audit stated that there was access to the 'Code of Practice for Health and Adult Social Care on the Prevention and Control of Infections'. However, when we discussed infection control with the registered manager he was not aware of this guidance or that he was responsible for ensuring it was complied with.

A water hygiene and legionella assessment of the premises took place during February 2015. The report detailed a number of areas that required attention. Some actions had been taken but not all. The registered manager could not provide us with any evidence of action taken to address the outstanding matters. They could not show us any processes that were in place to demonstrate how cold and hot water systems, showers, hoses and taps were regularly checked, maintained and drained to the frequency levels required to manage or mitigate risk.

Hot water temperatures in four rooms were above safe limits. The registered manager could not produce evidence of regular checks on water temperatures or that thermostatic controls were working. Since our last inspection new windows had been fitted around the home. Safety devices had been fitted to the main windows on the first floor to restrict them opening too wide. However, they had not been fitted to the smaller windows which we saw were open above the recommended levels.

The registered manager told us the provider had arranged for a consultant to visit the home to assess the safety of the environment. The registered manager said, "Consultant who came was going to send advice and work alongside me as health and safety advisor." The registered manager said that he was expecting a report in two weeks' time.

There was no assessment or audit of the environment and facilities in accordance with the Equality Act 2010 in order to ensure less able people were not discriminated on the grounds of their disability. The registered manager did not know about the Equality Act 2010 and responsibilities to ensure where possible the environment did not disadvantage people. Many of the emergency call pull cords in peoples bathrooms were inappropriate in length, some were tied up and not accessible to people.

Environmental and health and safety records including policies and procedures, gas safety certificate, electrical wiring certificate, evidence of Legionella testing and maintenance and equipment plans were

requested but not supplied. Some, but not all, of these were sent to us within 24 hours of our inspection. The information included confirmation that further work was required before a five year electrical wiring certificate could be issued. This was arranged for the first week in August.

A gas engineer was at the home during our inspection. They informed us that they would have to undertake a further visit before they could issue a gas safety certificate. The registered manager did not supply us with a previous certificate.

The lack of action to mitigate risks to people's health and safety is a continued breach of regulation 12 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

Before we left the home we instructed that the locks be removed from the external fire doors and water temperatures be adjusted. Within 24 hours we shared our concerns about the environment and services with Surrey Fire and Rescue Service, Surrey County Council Environmental Health Department and the council's quality monitoring team. Within 24 hours of our inspection the registered manager sent us an action plan that stated the immediate areas of concern had been addressed

People's views on staffing levels varied. One person said, "They come as soon as they can when I ring the buzzer." A second said, "They change a lot." a third person said, "That is a problem, especially trying to keep hold of them when they are good." A relative said, "The carers are wonderful but don't have enough time to do a good job."

One person told us that the home had been short staffed on the Sunday before our inspection. Discussions with staff and the registered manager confirmed this and that for a period of time during the morning there had only been two staff on duty instead of four. One member of staff explained, "This Sunday we were short as one agency staff didn't turn up and the other didn't get here till 9.15am." In order to cover the shortage the cleaner undertook care duties. A member of staff told us that as a result there was no impact on the care that people received but that "There was no quality of time."

During our inspection we observed that people received care and support promptly and at the times they preferred. Call bells were responded to quickly and people said that this was the norm. However, our observations confirmed that staff did not have time to sit and talk to people as they were focused on delivering care and completing kitchen and domestic tasks. People in the lounge were left unattended for up to half an hour at a time. One member of staff confirmed this was the norm and said, "On the whole staff levels are alright but we are very rushed all the time." This was the same as at our last inspection. There had been no change to the staff levels despite us recommending that staffing levels were looked at.

The registered manager told us that staffing levels consisted of four care staff during the morning, three during the afternoon and two during the night. Separate kitchen and domestic staff were scheduled on shift. However, records and discussions with staff confirmed that ancillary positions were not always covered. The registered manager confirmed that there was no kitchen or cleaning staff on duty on the day of our inspection. They explained, "Mr X (provider) organised agency but I'm afraid they didn't come today or yesterday." This resulted in care staff having to undertake additional tasks such as serving meals and cleaning and impacted on the time they had to care for people. This was the same as at our previous inspection. Individual dependency assessments were completed to decide staffing levels. These did not include consideration of other aspects such as the layout of the home. An overall assessment document was on file but this had not been completed.

Sufficient numbers of staff were not deployed to ensure people received a safe and consistent service. This

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

People said that they felt safe from harm. One person said, "I feel safe here yes." A second said, "Oh yes. Sometimes I go to my room, I might feel a bit sad but that passes."

Despite people feeling safe we identified concerns that related to the care and treatment of one person. The registered manager was aware of the concerns but had not made a referral to the local authority safeguarding team. This meant that the relevant agency were not aware of the concerns and therefore could not ensure action was taken to address these and to reduce the risk of harm to the individual. This was a breach of Regulation 13 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

Within 24 hours of our inspection we made a referral to the Surrey County Council safeguarding team.

Records confirmed that the registered manager had on other occasions taken appropriate action to safeguard people from harm or abuse. This included working with the local authority to investigate concerns when they had arisen.

Staff we spoke with had undertaken adult safeguarding training and 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. One staff member told us, "If I had concerns I would inform the manager, if he didn't do anything I would inform social services. If no one inside the home does anything I know about whistleblowing can make calls to outside services."

Records now evidenced that robust recruitment checks had been completed to ensure all staff, including agency staff were safe to care for, and support people. Staff files confirmed that checks had been undertaken with regard to criminal records, obtaining references and proof of ID. They also included checks on eligibility to work in the United Kingdom and completed applications forms.

Risks that related to people's individual health were considered and managed safely. Assessments were in people's care records on areas such as moving and handling, skin integrity including pressure sore risk assessments, malnutrition and mobility. Staff knew and understood the risks to people and the actions needed to manage these.

Accidents and incidents were looked at on an individual basis and action taken to reduce, where possible, reoccurrence. People's individual care and support needs were reviewed when incidents occurred to help keep them safe. For example, one person was provided with an alarm mat next to their bed as a result of a fall and were referred to a Falls Prevention Team. Some people wore a call bell alarm around their neck in case of a fall or emergency. The registered manager completed a monthly falls audit that was based on the number of falls that a person sustained.

People said that they were happy with the support they received with their medicines. One person said, "The night staff gives them to me. You just ask, you can have them [painkiller] at any time." A second person said, "They bring my tablet as they should."

Safe systems were in place for the management of medicines. Medicine administration record (MAR) charts sampled showed us there were no recording gaps of administration. Protocols were in place for the use of PRN medicines (as and when required medicines) to ensure they were given safely. Medicines were labelled with directions for use and contained the date of receipt, the expiry date and the date of opening. Medicines requiring refrigeration were stored in a fridge which was monitored daily to ensure the safety of medicines.

When staff gave people their medicines they made sure the medicines trolley was locked when unattended. Staff did not sign MAR charts until medicines had been taken by the person. They told us that training was provided in medicines management. Our examination of documentation confirmed this and that this included a process of checking their competency to administer medicines.

## Is the service effective?

### Our findings

At our previous inspection in December 2015 a breach of the regulations was identified. This related to staff support. A requirement action was set and the provider sent us an action plan that informed us of the steps they would take to become compliant with the regulation. At this inspection we found that sufficient steps had been taken and that the requirement action was met.

Staff now received formal supervision that helped them to care for people and to fulfil their roles and responsibilities. Staff told us, and records confirmed that they received support from the registered manager. One member of staff said, "Yes, always. They have taught me loads." A second said, "We have supervision with X (registered manager)." In addition to one to one supervision there had been three staff meetings in 2016 where staff received guidance about their roles and responsibilities. A new member of staff confirmed that they were in the process of completing The Care Certificate. The Care Certificate is a nationally recognised set of standards that health and social care workers should adhere to in order to deliver caring, compassionate and quality care.

Staff said that they received sufficient training to meet the needs of people who lived at the home. Records confirmed that the majority of staff had received training in areas that included fire safety, infection control, dementia awareness, health and safety, diabetes and pressure care prevention.

People's legal rights to consent were upheld. 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. People can only be deprived of their liberty to receive care and treatment when this is in their best interests and legally authorised under the MCA. The application procedures for this in care homes and hospitals are called the Deprivation of Liberty Safeguards (DoLS).

We observed and heard staff ask people's permission before carrying out tasks. Records confirmed that the registered manager protected people with limited capacity to make decisions about their own care and treatment. They detailed how correct procedures had been followed in making applications to the local authority for authorisations in line with legal guidance. These included MCA assessments for specific decisions. For example, administering medicines, locks on doors and the use of bedrails. We did note that assessments were not being reviewed and that this is an area for development.

People said that in the main they were happy with the choice of food and drink at the home. One person said of the food when asked, "Good." A second said, "It's wonderful. It's very tasty and good variation." A third person said, "For lunch we have two choices, so we have a choice every day." Regarding the evening meal one person said, "Sandwiches, sometimes something small but it is hot, quiche or sausage rolls heated up. I usually go for the sandwich."

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 staff at the home. The food choices at these times were lighter meals such as soup and sandwiches. There was limited fresh products in the home during our inspection. Staff and a relative told us of times when there had been limited food items in the home that reduced the choices people could have.

During the day we observed that people were offered drinks and snacks that included a choice of hot and cold drinks and biscuits. One person told us, "We have a drink around 3.15pm with a biscuit, or cake if it's someone's birthday, and usually a snack, biscuits, in the morning." Water jugs were seen in people's bedrooms. We did note that there was no fresh fruit available in the home. We pointed this out to the registered manager and during the afternoon bananas were purchased. One person told us that fresh fruit was normally available. They said, "They do fresh fruit; yesterday we had pineapple."

It is recommended that the registered person reviews availability of food to ensure people have a choice at all meal times.

We observed that the lunch time period was a calm event. Some people choose to have lunch in the dining room and others in their bedrooms. The dining room had tables set for lunch, with a fabric cloth, fabric napkins, cutlery, salt and pepper pots on each table together with some wine glasses and plastic tumblers. All the dining chairs had arms, which was helpful for people to go from sit to stand independently. People were offered a choice of gammon and pineapple or seafood lasagne, although we did hear a member of staff say to one person, "We have a few chicken breasts if you would like that." People were offered drinks however a member of staff explained to people, "I'm afraid there's no fresh orange or apple juice today, so we've got squash." Two people were offered a glass of sherry which they appeared to enjoy.

People were supported to eat their meals. People were not rushed and staff offered encouragement and support. Comments included, "I'm going to cut your meat up for you, is that alright?" "Can I push you in a bit more?" Specialist and dietary requirements were catered for and included in the menu options in place at the home. Care plans included information about people's dietary needs and malnutrition risk assessments. Where people were at risk of malnutrition or dehydration fluid input charts had been completed and people's weight was monitored. Referrals to specialists were made if people required further support with eating or nutrition.

People said that they were happy with the support they received to manage their health care needs. This included calling the doctor as required and also having access to chiropody, opticians, dentists and district nurses.

# Is the service caring?

## Our findings

People said that the staff were kind and caring and that they were treated with dignity and respect. One person said, "It's very nice here, they're very kind." A second person said, "All the staff are delightful. Respectful in every way." A third person confirmed they were treated with respect and dignity adding, "Oh yes, all of them (staff), no problems day or night." A relative said, "The carers are wonderful, so kind and lovely."

Throughout our inspection the atmosphere at the home was very calm and quiet. We observed that staff were kind in their approach to people. Staff were heard talking to people in a kind and considerate manner when assisting them with aspects of their care. However, they did not have time to sit and talk to people. Staff were seen rushing from one task to another. They told us that this was the norm.

Efforts had been made to support people to maintain their dignity and appearance. People were seen wearing colour co-ordinated shirts and cardigans of their choosing and non-slip footwear. Staff had ensured people were wearing clean reading glasses, gentlemen were freshly shaved and many ladies had their nails varnished and their hair was set in styles of their choosing. A hairdresser attended the home regularly and people spoke highly of this service.

Staff were seen to be respectful to people. For example, they explained to people what help they were providing and spoke calmly and with respect. People told us that they were able to get up and go to bed at a time that suited them and this was confirmed during our observations on the day of inspection. People could receive visitors at times of their choosing.

People's rights to privacy were promoted. When walking around the home we observed that the majority of people's bedroom doors were closed which promoted their privacy. All bedrooms at the home had ensuite bathrooms and locks on doors which again, enhanced people's rights to privacy. In most cases staff knocked on people's doors before entering and people confirmed this was the norm apart from one person who said, "Not during the night."

Staff understood the importance of respecting people's rights to privacy and demonstrated this when caring for people. We observed that 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.

People said that their choices were respected in relation to their day to day care. One person said, "I can't do a bath on my own, so they (carers) lift my legs in, they go and make my bed and I call when I'm ready and they help me out." Another person told us they preferred to stay in their room and that; "I've got choices of what I do." They told us that their choices were respected, for example what time they got up of a morning, "I ring my buzzer and someone comes. They're lovely people."

The majority of people who lived at the home funded their own care and said that they had made the decision to choose it as their home. People said that they were involved in the initial assessment and



compilation of their care plan when they first moved into the home. After this point, people said that the registered manager and staff asked if they were satisfied with the care they received on a day to day basis. They confirmed they were satisfied with the informal processes in place. Residents meetings were also used as an opportunity for people to express their views. The minutes of a meeting held in April showed that 14 people attended and a number of subjects were discussed.

## Is the service responsive?

### Our findings

At our previous inspection in December 2015 a breach of regulation was identified. This related to person centred care and activities. A requirement action was set and the provider sent us an action plan that stated the steps they would take to become compliant with the regulation. At this inspection we found that although some action had been taken further was needed to meet the requirements of the regulation.

As at our previous inspection people's views about the choice of activities available to them varied. One person told us, "I'm hoping for boules (game) this afternoon. Everybody can take part, even those who are partially disabled which is very good." This person went on to tell us how they enjoyed the armchair exercises that were provided. They explained, "I had a stroke a few years ago and it affected my leg so it's good to get it going." A second person said, "This afternoon we've got a game of boules, I like that, but not many people come out of their rooms. Sometimes I sit here (lounge) and look out of the window, then I might go to my room."

There was little in the way of mental stimulation for people. There was an activity board at the entrance hall of the home that gave basic information about planned activities that were due to take place. During the morning a member of staff encouraged five people to participate in an armchair exercise activity and a quiz game. People appeared to enjoy this however the combined sessions lasted less than ten minutes. The member of staff explained that they had been instructed to do activities and cleaning due to no staff on duty available to do these.

For most of our inspection people stayed in their rooms or sat in the lounge where music was playing or slept. One person said of the music, "It irritates me, so I tend to come out here into the conservatory." There was a small amount of books, jigsaws and games available in the conservatory. However, people were still not encouraged or supported to use these.

At our previous inspection we found that there had been no outings arranged despite people raising concerns about the lack of activities and outings in surveys and residents meetings. No action had been taken in this area since our last inspection. We did not see anyone being offered the opportunity to go outside to sit or walk around the garden although it was a sunny day.

One person was isolated and their communication and social needs were not being met. Staff confirmed this. One said, "We can't communicate with X and they get upset. They have no activities and spend all their time in their room." When we visited this person in their room with staff we saw that staff could not communicate with them. The person was in bed with no form of stimulation such as music playing. The registered manager had completed a pre admission assessment and knew the home would not be able to meet the person's needs but had agreed for them to move in. The registered manager told us that alternative accommodation was being sought by their family as they had told them they could not meet the person's needs. There were no records in place to confirm this.

The above evidence demonstrated that the registered person had not ensured people received person

centred care that reflected their needs and preferences. This was a continued breach of regulation 9 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

Other people did receive responsive care based on their individual needs. One person told us, "When I wasn't well, I had pneumonia, they rushed me to hospital." One person who was nearing the end of their life was being supported by district nurses. They visited the home and oversaw the management of their changing needs along with a GP. A second person had a wound that again was being managed by district nurses. Care plans and assessments were in place that informed staff how to support people in response to these needs. A health care professional who was visiting the home confirmed that the registered manager contacted them as needed when people's health care needs changed. They explained, "The manager has the best intentions for patients. They are good at letting us know about changes. They pretty much act on our instructions."

The provider had arrangements for a weekly church service to be held at the service for those people who wished to attend.

People had assessments, care plans and other health and care related documentation in place for identified needs. The registered manager had been receiving support from the local authority quality assurance team to improve the quality and personalisation of peoples care records. This work was on-going at the time of our inspection.

People said were aware of their rights to raise concerns or complaints. One person said, "I would talk to the carer, but if I was unsure about the carer I would speak to the deputy." A second person said, "I'd go to my family."

The registered manager maintained a record of complaints and actions taken to investigate and resolve these. However, this was not accurate and did not reflect all issues raised by people or their representatives. For example, in one person's room we saw there was a hole in the carpet and it was also badly stained. This had been raised as a complaint but there was no evidence that this had been responded to by the registered manager. Another person raised concerns about missing items of clothing in a residents meeting held during April 2016. Again, there was no evidence that this had been responded to and it was not recorded in the complaints records. Regarding laundry one person told us, "It's been a problem for a lot of people. My niece takes my things."

Systems for identify, receiving, recording, handling and responding to complaints were not effective. This was a breach of regulation 16 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

The providers complaints procedure was displayed in the home in order that people could refer to this if needed. At the entrance of the home, we saw that there was information displayed regarding the fees, service user guides and how to make comments, complaints or suggestions. Contact details for the Commission were also displayed so that people could make contact if they wished to share information about the service they received.

## Is the service well-led?

### Our findings

People's views on management of the home varied. People said that the registered manager was approachable. One person said, "X, he's lovely and X (provider) is just lovely." A relative said, "X (registered manager) is very nice but so disorganised." A member of staff said that the registered manager was very approachable but that communication could be improved.

At our previous inspection in December 2015 a breach of regulation was identified. This related to quality assurance systems and records. A requirement action was set and the provider sent us an action plan that detailed the steps they would take to meet the requirement. At this inspection we found that sufficient steps had not been taken and that the requirement remained unmet.

The registered manager had not maintained their knowledge in line with the expectations of that of a registered person. They did not have sufficient oversight of the service. The registered manager was unable to locate many documents that related to management and safety of the environment when asked. When talking to them about the breaches of regulations identified at the last inspection and the action they had taken to ensure they had sufficient understanding of the regulations they told us that they were "Enrolled on care planning level two. The course is very detailed." When we explored this further we found this to be a foundation course for people working or considering working in care and not specifically aimed for managers. They also told us that the provider had enrolled them on an on line course "CQC inspections" what a registered manager should understand about these and the changes in Regulations from April 2015. The registered manager confirmed that he had not started this at the time of our inspection. The registered manager had admitted a person to the home knowing they were unable to meet their needs.

The registered manager informed us that the provider had also arranged for external consultants to provide him with support. He said that they visited the home two weeks ago and that "They are going to come back with a plan how we going to work together." The registered manager was unable to say what actions had been identified or agreed.

Systems to assess the quality of the service provided in the home were not effective and did not ensure people received a consistent, good quality service. This was the same as at our previous inspection. The registered manager had completed 'Managers quality assurance assessment' forms during March, May and July 2016. These had not identified shortfalls or ensured prompt action was taken to mitigate risks to people or to improve the quality of service. They had not identified any of the concerns we found at this inspection. For example, the registered manager had recorded in the July audit when asked 'Are all areas of the home clean and tidy' 'on-going cleaning – repair work going on'. The audit had not identified concerns with odours, cleanliness in the kitchen or bedrooms as evidenced at this inspection. The same audit also stated that staff hours had been assessed and levels met people's needs. This again did not reflect our inspection findings.

The registered manager had also completed a health and safety audit in July 2016 which did not identify any concerns in any area. It had not identified fire safety, water temperature or infection control concerns and

did not reflect our inspection findings. Audits and checks by the registered manager had not identified shortfalls in PEEPS or how reduced staffing levels could affect the support people who were less able needed to move to a safe place in the event of a fire.

There was a form titled 'Kitchen audit' dated 23 May 2016 and signed by the registered manager. However, the audit form had not been completed and therefore had not been used to monitor this aspect of the service.

At our previous inspection the provider had obtained the services of a consultant who had visited the home during July 2015, completed an audit and met with the registered manager in October 2015 to discuss areas for improvement. The audit report identified a number of areas for improvement. These included staffing levels, risk management, quality monitoring and records. At this inspection we found little evidence of actions taken by either the registered manager or the provider to address the shortfalls and as such this impacted on the quality and safety of the service that was provided.

There was no evidence to demonstrate that the registered manager or provider had checked or monitored that the contents of the action plan they submitted to CQC had been complied with. In the plan they said that they had either met or were taking action to meet the breaches identified at our previous inspection. The registered manager could not locate a copy of the action plan during our inspection and could not recall any of its contents. The evidence from this inspection demonstrated the regulations remained unmet.

Surveys were completed in order to obtain the views of people but the findings were not used to drive improvements at the home. The surveys completed by people in October 2015 and November 2015 in the main, expressed positive views about the home. One person did raise the issue of the lack of activities which we found still to be the case at this inspection. The findings from the July 2016 surveys were still being collated.

As at our previous inspection residents meetings took place where people were able to give their views but the frequency varied and there was little evidence that these were used to influence change.

The above evidence demonstrated that effective systems were not in place to monitor and make improvements to the quality of service people received or to assess and take action to mitigate risks. It also demonstrated that accurate and up to date records were not maintained. This was a continued breach of 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 9 HSCA RA Regulations 2014 Person-centred care<br><br>The registered person had not ensured people received personalised care that was appropriate, met their needs and reflected their preferences. 9(1).                         |
| Regulated activity   | Regulation  |
| Accommodation for persons who require nursing or personal care | Regulation 13 HSCA RA Regulations 2014 Safeguarding service users from abuse and improper treatment<br><br>The registered person had not ensured systems and processes were operated effectively to prevent abuse of service users. 13(1).    |
| Regulated activity   | Regulation  |
| Accommodation for persons who require nursing or personal care | Regulation 16 HSCA RA Regulations 2014 Receiving and acting on complaints<br><br>The registered person had not ensured systems were operated effectively for identifying, receiving, recording, handling and responding to complaints. 16(2). |
| Regulated activity   | Regulation  |
| Accommodation for persons who require nursing or personal care | Regulation 18 HSCA RA Regulations 2014 Staffing<br><br>The registered person had not ensured sufficient numbers of staff were deployed on each shift. 18(1).  |

This section is primarily information for the provider

## Enforcement actions

The table below shows where regulations were not being met and we have taken enforcement action.

| Regulated activity   | Regulation  |
|--|---|
| Accommodation for persons who require nursing or personal care | Regulation 12 HSCA RA Regulations 2014 Safe care and treatment<br><br>The registered person had not ensured that care and treatment was provided in a say way. 12(1). |

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

Warning Notice

| Regulated activity   | Regulation  |
|--|---|
| Accommodation for persons who require nursing or personal care | Regulation 17 HSCA RA Regulations 2014 Good governance<br><br>The registered person had not ensured systems and processes were established and operated effectively to ensure compliance with the requirements of the regulations. 17(1). |

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

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