Barchester Healthcare Homes Limited

Thistle Hill

Inspection report

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Ratings

Overall rating for this service	Requires Improvement
Is the service safe?	Requires Improvement
Is the service effective?	Requires Improvement
Is the service caring?	Good
Is the service responsive?	Requires Improvement
Is the service well-led?	Requires Improvement

Overall summary

This inspection was carried out on 27 November 2014 and was unannounced. We also returned on the 1 December 2014 to complete the inspection. At our last visit to Thistle Hill Nursing Home in December 2013 we did not ask for any improvements to be made.

Thistle Hill Care Home is registered to provide nursing care for up to 85 people. The home is owned by the Barchester Health Care Homes Limited and is located on the outskirts of Knaresborough market town. The home is divided into three units. One unit for people with dementia care needs (Memory Lane), one for older people who require nursing (Ripley) and the third provides care for young adults with disabilities (Farnham). All rooms are single with en-suite facilities and there are a range of outside spaces.

There was a registered manager at this service who has been at the home for over seven years. 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.

Summary of findings

We had mixed views and responses from people living at the home when asked if they felt safe. Some people told us they felt safe at the home whilst other people raised concerns with us about staffing levels and care practices.

People living at the home received care and support from well trained staff on Memory Lane, whilst on Ripley and Farnham the support people received was poor. For example people were unable to go to the toilet when they needed or to have a shower when they wanted one. People also told us that call bells were not always answered promptly. We found that there were not always sufficient staff on duty, to meet people's care needs and to care for people well. This is a breach of Regulation 22 (Staffing), of The Health and Social Care Act 2008 (Regulated Activities) Regulations 2010.

We observed interactions between staff and people living in the three units. We saw at times interactions and communication between people living at the home and members of some staff were poor. We observed lunch and saw that this was not always a pleasurable experience for people who required support with their meals.For example we saw on one unit a member of staff balancing a hot plate of food on the wheelchair arm which could have been a potential health and safety hazard as the person could have been put at risk of being scalded. We saw people's privacy and dignity was not always respected by some staff, as we observed staff not knocking on people's doors before entering their rooms. We found people were not protected from unsafe and inappropriate care. The home did not encourage people and their representatives to express their views or to make a complaint. This is a breach of Regulation 10 (Assessing and monitoring the quality of service provision) of The Health and Social Care Act 2008 (Regulated Activities) Regulations 2010.

Several people living at the home and their relatives told us they were not consulted or encouraged to share their views about the home. People told us they felt they were not listened to and when they did share their views these were not acted upon. They also said they did not find the culture at the home was 'open'. Several people we spoke with and some relatives told us they were worried about there being repercussions because of speaking with us. We found that the home had failed to treat people with consideration and respect and encourage and support people in relation to promoting their autonomy. This is a breach of Regulation 17 (Respecting and involving service users) of The Health and Social Care Act 2008 (Regulated Activities) Regulations 2010. You can see what action we told the provider to take at the back of the full version of the report.

We saw that regular checks to ensure that safety equipment such as the fire alarm system were in good working order were regularly being carried out, which meant that there were systems and processes in place to protect people from the risk of harm.

The home had safe systems in place to ensure people living at the home received their medication as prescribed; this included regular auditing by the home.

There were good systems in place to minimise the risk of infection which were followed by staff working at the home.

The recruitment processes followed by the organisation when employing staff were robust, which meant that people were kept safe.

Staff had completed all mandatory training and had received supervision and annual appraisals.

People who were unable to make their own decisions were protected because staff followed the principles of the Mental Capacity Act 2005 and associated deprivation of liberty safeguards.

Staff understood how to apply for an authorisation to deprive someone of their liberty if this was necessary.

People's physical health was monitored as required. This included the monitoring of people's health conditions and symptoms so appropriate referrals to health professionals could be made.

The home's environment was well maintained and the design and layout supported people to be independent and met their needs well.

We contacted other agencies such as the local authority commissioners, from the Local Authority and Healthwatch to ask for their views and to ask if they had any concerns about the home. Feedback from all of the agencies we contacted were positive with no concerns being raised.

Summary of findings

The five questions we ask about services and what we found

We always ask the following five questions of services.

Is the service safe?

Requires Improvement

The service was not safe. There were not always sufficient, qualified, skilled and experienced staff to meet people's care needs well.

Staff working at the home could not always be understood by the people they were supporting.

Staff did not always answer the nurse call bell system in a timely manner.

The home followed safe recruitment practices to ensure staff working at the service were suitable.

People received their medicines as prescribed.

Is the service effective?

Requires Improvement

Some aspects of the service were not effective. The lunch time meal experience was not pleasant due to poor practices used by staff at the home when assisting people with their meals.

Consent to people's care in some care plans had not been obtained.

Admissions to the home need to be carefully planned to ensure people's needs and expectations can be met.

Staff had completed all mandatory training and had received supervision and annual appraisals.

People who lived at the home and who were unable to make their own decisions were protected by the Mental Capacity Act 2005 and Deprivation of Liberty safeguards. Staff understood how to apply for an authorisation to deprive someone of their liberty.

People had regular access to healthcare professionals, such as GPs and district nurses.

Is the service caring?

Good

The service was caring. People we spoke with overall told us that staff were caring. We observed staff spoke respectfully to people.

Overall we saw and most people told us their privacy and dignity was respected by staff.

Most people told us that staff at the home were kind and caring. Whilst it was clear from our observations and from speaking with staff that on some units they had a good understanding of people's care and support needs and staff knew people well. The atmosphere in the home was calm and relaxed.

Summary of findings

We saw that there were no plans in place to support people at the end of their life on one unit, whilst on others these were in place. This meant that there could be inconsistencies as to how the home managed a person's end of life.

Is the service responsive?

Requires Improvement

The service was not always responsive. People were supported to maintain contact with their relatives if they wished and visitors were welcomed into the service to visit people.

People had access to and were able to get involved in a range of activities available at the home or in the community.

Care plans were not always sufficiently detailed with regards to people's life histories with significant memories being often left unrecorded on some units.

Is the service well-led?

Requires Improvement

Some aspects of the service were not well –led. There were effective systems for monitoring quality at the service in place regarding, the auditing of medication, care plans, health and safety matters and the environment.

People living at the home told us they were not always consulted or encouraged to share their views about the service. People said when they had shared their views they were not acted upon.

Several people living at the home and relatives told us they did not feel that the management of the home were open and transparent and welcomed criticism and they were worried about repercussions from speaking with us.

Notifications had been reported to the Care Quality Commission as required by law.

Thistle Hill

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.

We used a number of different methods to help us understand the experience of people who used the service. We spent time speaking with twenty four people individually. We also spoke with five visitors who were relatives or friends of people living at the home. We spoke with fifteen care staff, the manager and deputy manager of the home.

This inspection took place on 27 November 2014 and was unannounced. We also visited a second day on the 1 December 2014 to complete the inspection.

The inspection team consisted of two adult social care inspectors and two experts 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. The experts by experience used on this inspection had experience of caring for older people and people living with dementia.

The home was arranged into three units these were Memory Lane (which provided dementia care). Ripley House (which provided nursing for older people) and Farnham House (which was the young disabled unit).

We used the Short Observational Framework for Inspection (SOFI). SOFI is a specific way of observing care to help us understand the experience of people who could not talk with us. We spent fourteen hours over the two days observing how people were being supported and cared for.

Before the inspection, the provider was asked to complete a Provider Information Return (PIR) which was reviewed prior to the inspection. This 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.

We also looked at notifications and other information we held about this service.

We contacted other agencies such as the local authority commissioners and Healthwatch to ask for their views and to ask if they had any concerns about the home. From the feedback we received no-one had any concerns.

Requires Improvement

Is the service safe?

Our findings

Comments from people about feeling safe were varied. People who felt safe made comments such as "The reason why I love it here and feel safe is because I am being assessed for a wheelchair, I have been measured for it and I'm now waiting for it to come." The person then went onto tell us how they felt safe when being transferred in a hoist by staff. One person told us they felt safe because they got their medication on time and knew the name of their member of care staff. One person told us, "I've never felt or witnessed any abuse in the home. Occasionally I've had disagreements with other residents but nothing untoward and certainly not requiring staff to intervene. It's part of communal living I suppose." Another person said, "I feel safe here. No one would dare hurt me. I have never seen or heard about anyone else being abused either." We observed that people living on Memory Lane appeared comfortable and interacted with each other and staff in a way which suggested they felt safe. For example, people responded with a smile and eye contact when staff approached them, they appeared to enjoy staff company.

Other people we spoke with about feeling safe on Ripley and Farnham units were less positive. There was a general comment from people about the high numbers of agency staff working at the home. In relation to this one person made a general comment about the 'possibility of abuse' because of the prevalence of agency staff saying, "Because if anything happens to me no one would know." They went onto say "Agency staff don't know who I am and I get interrogated to find out about my care." We did not speak with agency staff to corroborate this.

Another person said, "I have never felt unsafe before but I feel (name) isn't well meaning, she appears quite powerful and the other care staff keep her away from me." Another person who had not been at the home for very long also told us they felt unsafe. They said, "Things aren't good here. On my first evening I rang the buzzer for help to go to the toilet. No one came. I needed to go urgently and still no one came. I managed somehow to get to the toilet but fell before I relieved myself. I tried to get back to bed but had an accident." We also had the opportunity to speak to this person's visiting relative who said, "My father had to wait 15 minutes from the time he rang the buzzer until a staff member responded." The relative then went onto to say "The next morning father rang the call bell again as he was having a coughing fit. Still no one came. We had to go and search for a staff member." The relative also described an incident where a member of staff had disconnected her father's oxygen supply and could not reconnect it because they could not find the leads, which they eventually found and reconnected the oxygen. The relative went onto say "I am appalled. He (father) needs to feel safe and I need to feel he's safe too and we don't." Another example was shared with us by a person living at the home. They shared with us one experience they had when they had activated the call bell for assistance. They told us, "I've often had to ring my bell a long time before someone turns up." Their visitor explained to us that this person's need to go to the toilet could quickly become urgent as otherwise they had an accident. They said that the person's call bell had not been working and they had shouted for help but no-one came. The person unfortunately soiled themselves and felt they had lost their dignity. Their visitor ended by saying, "It's not good enough."

We asked for and were given copies of rotas for two weeks. These were for weeks commencing the 24th November 2014 and 1st December 2014. On the day of our first visit there were five care staff on duty on Ripley unit including the lead nurse who was a member of bank staff. On Farnham unit there were seven members of staff on duty and on Memory Lane there were ten members of staff which included two trained nurses. On our second day there was five staff on Ripley which again included the lead nurse who was a member of bank staff. On Farnham the rota recorded there were six members of staff on duty. This was incorrect as we were informed by people on the unit that there were only four staff. We were informed later by the manager that staff had rung in sick; a member of staff who was supernumerary had been deployed from Memory Lane to cover Farnham. On Memory Lane there were nine staff in total including two trained nurses. We saw during our visit that on Memory Lane there were enough staff on duty to care for people well and that staff were well led by the Unit manager. The rota's we looked at confirmed what we had been told and what we had seen. We were also given a copy of the request for agency cover for the home and found that Thistle Hill was strongly reliant on the use of agency staff to cover the rota, due to the number of care staff and nurse vacancies and short falls in the hours' permanent staff were able to work.

We observed call bells were not always answered quickly. In one case whilst we were speaking with a person on

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Is the service safe?

Ripley they activated their call bell as they were requiring some assistance to go to the toilet. We left the persons room and waited in the corridor. The call bell was still flashing a further five minutes later. Eventually a staff member came along the corridor to check what was going on. They stayed briefly and then left again without –as far as we could see-fully enquiring about or resolving what was the matter. Shortly afterwards a second staff member went into the room, found out the person needed personal care stayed and assisted them with this. On Farnham unit when we were speaking with one person who told us they had activated the call bell during lunch to be told they would have to wait to go to the toilet. When a member of staff did come back to support them the person said, "I've been waiting for 20 minutes to go to the lavatory" another person told us, "The staff generally respond quickly to my call bell. Normally within 20 minutes. I don't need help in getting to the toilet so it's not as if its urgent"

When we spoke with people living in the home most people told us that they were concerned as there was a shortage of staff. People made comments such as, "It's fine here, staff are friendly but we could do with a few extra especially night staff as two to three people have left and not been replaced." When we asked one person what would improve their life for them they said, "More staff."

Two people told us that they did not receive the care they needed and gave us examples. One said, "There are not enough staff here, I want to go to the lavatory and I'm having to wait because everyone is being fed." We made sure that this person received the attention they required. Another person said, "The day staff are great. But there is not enough night staff. They're nice and nothing is too much trouble for them. But they tell us "I'm sorry but there's only one of us." We asked this person about personal care especially at night. They told us they were not allowed out of bed in case they fall. They said, "So they put these pads on me and tell me to use them if I need to wee, but to call them if I need to go to the toilet with the other" Another person said, "There is not enough staff there were only four staff on duty over the weekend and this unit needs six staff to operate well. Like today I should have been having a shower. Because there is four staff there are no showers for people today. When there are six staff they work in two's. If there were six staff on a morning that would improve my life as I would get my shower every other day. I have told staff but nothing gets done." Another person said, "It bothers me because when it's good we have six care staff and when it's bad we only have four. When we have six staff everyone's got up and is showered but when there is only four staff no one has got showered." People went onto to tell us why they felt things had deteriorated. One person said, "There are issues here that worry me, a year ago we had a really good team of carers all worked well together if someone rang in sick would get together and really looked after each other and residents really well." Another person told us, "They are very short staffed at night in particular. I don't feel very happy with the many agency staff they use. I can't cope with them. Individually they are very nice but they don't know me, my name or needs." In contrast this person went onto say "The existing staff – some who've been here a long time are really good." Two other people told us they felt there were not sufficient staff at the home. One person said, "They told us that after 19.00 hours there would be two carers and one nurse on duty but that's only happened on the odd occasion."

Because of the shortage of staff several people made comments about staff being unable to spend time with them. One person said, "The staff don't have enough time to sit and talk to us they've not got enough time" and "The staff chat to me as they do their tasks around my bedroom. They don't otherwise as they have plenty of other residents to look after"

We also spoke to staff on Farnham regarding staffing levels. One member of staff informed us that there were five members of staff on the unit on the first day of our visit and four staff the previous day. When asked if the shortage of staff affected people living on the unit having a bath or shower they confirmed that it did.

We spoke with the manager regarding the staffing levels and they agreed that more staff were needed and that the organisation was actively recruiting. The manager told us that six nurses had left or were leaving all at the same time and this has impacted on the current staffing levels for the home, although they had employed agency staff. This was a breach of Regulation 22 (Staffing), of The Health and Social Care Act 2008 (Regulated Activities) Regulations 2010. This is because the provider had failed to maintain appropriate staffing levels.

Following our first visit to the home and due to the nature of the concerns raised by people whilst speaking with us. The Care Quality Commission made three safeguarding referrals to the Local Authority. These investigations are

Is the service safe?

on-going and have not yet concluded. These concerns were regarding the behaviour and attitude of some staff, poor care practises. People including their relatives told us they were worried about repercussions from speaking with us. We do not have the outcome to the referrals we made.

We observed care staff going into people's bedrooms to assist people with their personal care. Moving and handling equipment or hoists were in many rooms. One person described their experiences when being hoisted and said, "There should be always two staff hoisting me, but recently one member of staff hoisted me so they could weigh me and I know it says in my care plan that it should be two staff." We were able to confirm this as we looked at this person's care plan which stated that there should be two care staff for all transfers for this person. This meant that care staff were not always following people's care plans or risk assessment to ensure people were always kept safe when they were being moved. However, one person did tell us they "felt safe when being transferred in a hoist." We observed on one of the units a person being moved by a hoist with assistance from two members of staff. We heard staff explaining throughout their conversation with the person what they were doing.

People told us they were free to leave the building if it was thought safe for them to go out alone and people were free to move around the building for example between the communal lounges and their individual rooms. We observed throughout both days we visited, that staff encouraged people to use their walking aids or wheelchairs to move between areas in the home, which offered them independence but also safety from trips and falls.

We looked at the recruitment records of three care staff. We found robust recruitment and selection procedures were in place and the manager told us appropriate checks had been undertaken before staff began work. This included obtaining references from previous employers to show staff employed were suitable to work with vulnerable people. The records we looked at confirmed this. The manager told us two members of staff were subject to disciplinary action.

We looked at eight care plans in total from all of the units. In the care plans we looked at from both Ripley and Farnham we saw risk assessments had been carried out to cover activities and health and safety issues. The risk assessments we saw included mobility and nutrition and identified hazards that people might face and provided guidance about what action staff needed to take in order to reduce or eliminate the risk of harm. This helped ensure people were supported to take responsible risks as part of their daily lifestyle with the minimum of restrictions.

Care plans we looked at on Memory Lane showed risk assessments were in place for areas relevant to people's care such as tissue viability, moving and handling, behaviour which may challenge staff and others, nutrition and communication. Although these had been regularly reviewed, there could have been more evidence of an active management of people's conditions to provide the least restriction to their freedom.

During our visit we spoke with three members of staff about their understanding of protecting vulnerable adults. They had a good understanding of safeguarding adults, and could identify types of abuse and knew what to do if they witnessed any incidents. All the staff we spoke with told us they had received safeguarding training during 2014. The three staff training records we saw and the overall training record for all the staff confirmed that all staff at the home had received safeguarding training.

The home had policies and procedures for safeguarding vulnerable adults and we saw the safeguarding policies were available and accessible to members of staff. Staff we spoke with confirmed they knew how to access them and how to recognise and report any allegations of abuse.

We saw written evidence that the manager had notified the local authority and CQC (Care Quality Commission) of safeguarding incidents. The manager had taken immediate action when incidents occurred in order to protect people and minimise the risk of further incidents.

We looked at how the home managed medication. We checked that morning's medication on all three units, including someone who was receiving a controlled drug. We also observed medication being given to people on Ripley unit. We saw that people had a photograph attached to their medicine record. On Farnham unit we checked the controlled drugs and saw they were stored in an approved wall mounted, metal cupboard and a controlled drugs register was in place. We completed a random check of controlled drugs stock against the register for one person and found the record to be accurate. We also checked to make sure people had received their morning medication from the monitored dosage system (MDS) on both units. These were found to be accurately maintained as

Is the service safe?

prescribed by the person's doctor. We also checked people's medication administration record (MAR) on both units and found records were completed as required. We saw that staff responsible for administering medication had received training in how to do this safely. We saw that medicines were stored securely and appropriately and staff had recorded correctly leaving a clear audit trail. We spoke with staff whose responsibility it was to administer medication. They told us that it usually took them about one and a half hour to complete this task.

However, since we carried out the inspection one concern had been raised with us regarding how medication in Ripley unit was being managed and practices described to us by one relative were unsafe. This matter had been reported to the home's manager and was being dealt with under the home's complaints procedure.

We recommend that the provider looks at how medication administered by agency staff could be improved to ensure people are not put at risk.

People made comments to us about how their medication was managed. One person said, "I am on different tablets and have a set routine for taking them. But since I've been here they are given to me at different times of the day. Some tablets I'm due to take at a certain time of the day have been missed by staff. I have to ask staff for my tablets. One day they lost all my pills but eventually found them again. It doesn't fill you with confidence does it."

We toured the premises during both our visits and we found all areas of the home were clean and well-maintained. We saw from the rotas we looked at that there were dedicated cleaning and laundry staff at the home. We saw cleaning schedules were in place which identified specific areas to be cleaned. We saw these records were audited by the manager. The home had infection control policies and procedures in place.

We spoke to people about the laundry and two people made comments. One person told us, "The laundry is ok. I've not lost any clothes though once or twice I've got someone else's clothes." Another person said, "Very rarely do I get someone else's clothes back from the laundry though sometimes they could smell a bit better when they're returned. They say they put conditioner and things in to make clothes smell nice but it doesn't seem to work or improve the smell."

People living at the home made positive comments about the environment of the home. One person told us, "The environment is lovely. The gardens are beautiful and I particularly like the rural views from my window" another person said "The bedrooms are good and the gardens too. I really enjoy walking around the beautiful gardens here."

We saw health and safety records which showed that maintenance checks had been carried out regularly by the maintenance person. Safety checks for gas, electricity, fire safety equipment, lifting equipment and water temperatures had been completed and were up to date which meant that people could be confident that equipment was safe and fit for purpose.

We saw records of individual personal emergency evacuation plans (PEEPS) were in place for everyone living at the home. This meant that the necessary risk assessments had been completed to ensure up to date information was available in the event of a fire occurring.

We saw that accidents and incidents had been reported and recorded, which included actions that had been taken by the home. We observed throughout our visit that call bells were being answered and responded to in good time by the care staff, although staff appeared to be constantly busy and rushing around and this seemed to be mainly on Ripley and Farnham units.

One person we spoke with said, "I lost my balance once and slipped in my room. I didn't really hurt myself. I can't blame the staff it wasn't their fault. The staff checked if I was ok but I didn't need any treatment."

Overall, we felt that people living at Thistle Hill were not kept safe. This was because of what people living at the home and their relatives told us about what they experienced and what we saw during our visits. We observed there were insufficient levels of staff in some areas of the home and how this impacted on people's daily lives. For example, some people's experienced being denied to go to the toilet when needed and not being bathed when they wanted. People's dignity was not being maintained. We found that staff did not always follow people's care plans, which we felt could have put people at risk when moving them.

Requires Improvement

Is the service effective?

Our findings

We spoke with people at the home about food provision. Most people we spoke with were satisfied with the food provided. People told us that they were able to choose where they ate their meals. People told us they were able to have their meals in their dining room or in their own rooms. Several people we spoke with confirmed that they had, had their breakfast in their own room that day as that was their choice. One person told us "I like the freedom to eat where I want. I sometimes have my supper in my room and the rest of my meals in the lounge" another person said, "The food's not bad. There could be more variety. I like seafood and we get fish once a week and that's ok. The only thing is they are not so good at cooking vegetables – they're usually overdone especially the broccoli. There's always enough to eat here and the home lets me have and enjoy a glass of wine." One person told us, "I like meat especially stews that I can chew on- and plenty of it too. I also like fresh food like apples and get that too" another person said, "The food's all right though it's not like home cooked food. It's edible if a little boring. There's plenty of it including meat, fish and salads. There's also plenty to drink, like fruit juices, tea, coffee, jugs of water and also a dispenser in the lounge." One person told us "The food's not bad considering they cook it in bulk unlike in your own home. But there's always plenty of it and enough variety too." Another person went on to describe how their dietary needs were being met well by the home. The person said, "Generally the home now gives residents the main heavier meal later in the day rather than at lunch. My system can't cope with that but the kitchen staff goes out of their way to give me a lighter meal." One person went onto to tell us about the alternatives that are available for people. They said, "I know they produce menus giving us options for main courses but if you don't want either they're very good at rustling something up from the kitchen like eggs." The manager sent us a copy of the four weekly menus which changed according to season and which were varied.

A comment made by one person was not so positive they said, "They say you have choice but all they do is rotate the food every couple of days like in a loop. There's plenty of it but not enough variety. I was recently given some bacon – it was cold, tasted of cardboard and was overcooked. I sent it back."

We saw several people being supported by staff to eat their meals. We saw good interaction between people living at the home and staff on Ripley and Memory Lane. We saw that lunch was a sociable occasion. Staff chatted to all the people as their food was served. We saw people were never left unattended, care staff gave plenty of individual attention to people and regularly checked on how they were getting on and enjoying the meal. The atmosphere was relaxed, peaceful and people generally appeared to enjoy the dining experience. Staff related well to people as they all knew people's first names, appeared to know their dietary needs and were encouraging and supportive of each person.

However, we saw there was little interaction between staff and people living on Farnham during lunch. We saw that the television was on quite loud in this room making it difficult for people to hear one another. We observed three people struggling to eat their meals. For example one person was trying to eat spaghetti with a knife and fork, although later on we saw that they had been given a spoon. Another person was being supported by a member of staff. A hot plate of food was being balanced on the wheelchair arm and not on the portable over the bed type table nearby. This could have been a potential health and safety hazard as the person could have been put at risk of being scalded. We found people were not protected from unsafe and inappropriate care. This is a breach of Regulation 10 (Assessing and monitoring the quality of service provision) of The Health and Social Care Act 2008 (Regulated Activities) Regulations 2010. This is because the provider had failed to protect people from unsafe and inappropriate care.

On Ripley we saw several examples of staff demonstrating good personalised care. For example over lunch a member of staff was assisting a wheelchair user to eat, who had significant health issues. The member of staff did this with patience and compassion. We observed them speaking gently and reassuringly with the person, and was attuned to their non-verbal gestures and tried to respond appropriately after checking out with them that they understood what they wanted the member of staff to do for them. We also observed another member of staff delivering a meal to another person in their bedroom. This person also had multiple health problems. The member of staff whilst seeking to ensure how best the person was able to eat their meal in a relaxed enjoyable and comfortable manner also sought to respect their need to eat

Is the service effective?

independently. The member of staff managed this task well whilst engaging in a gentle friendly light hearted chat with the person. From the person's reaction they appeared to welcome and enjoy this interaction with the care staff.

However, on one of the units people raised concerns with us about making themselves understood to some members of staff whose first language was not English. People made comments to us such as "Some of the English language is appalling and isn't very good at all which is quite frustrating." We verified this during our visit, as one inspector was unable to make themselves understood to a member of staff when they requested assistance on behalf of a person on one of the units. Another member of staff intervened as they understood what the inspector was asking of them. Another person told us, "(name of staff) is nice enough but her English is not good." We discussed this with the manager who told us that several staff attended an English Language course to improve their English.

People told us that they received good support from other health care professionals. Several people told us that if they felt ill the nurse would get the doctor for them. One person told us "I'm happy. It's fantastic here. I don't think it could be improved. The chiropodist is great. She has specialist tools for her work. I've had my feet done this morning."

We reviewed the care plans of eight people living in the home. Four of the care plans contained several sections which covered for example, an initial assessment, life history, medical history, including body maps, waterlow risk assessments, mobility and dexterity and diet and weight. Four care plans we saw contained information on the person's likes or dislikes. We saw that people were referred to other health care professionals for example we saw in one person's care plan where they had been referred to the dietician as there had been concerns about the person's poor diet intake. In another person's care plan we noted that a community psychiatric nurse had been consulted for support with managing behaviour which had challenged staff.

The Care Quality Commission monitors the operation of the Deprivation of Liberty Safeguards (DoLS) which applies to care homes. DoLS are part of the Mental Capacity Act 2005 (MCA) legislation which is designed to ensure that any decisions are made in people's best interests. The registered manager told us that a number of applications had been made to the local authority for deprivation of liberty safeguards to be put in place, but that nobody had yet been assessed as deprived of their liberty. We saw that where possible people had signed elements of their care plans. This was sometimes a relative when the person did not have capacity to understand the decision involved. We saw that some care plans on Memory Lane unit were not signed and plans did not reflect a continual and constant involvement from people in decisions about their care in whatever way this was possible for each individual.

We saw evidence of good practice on Memory Lane as a member of staff we spoke with told us about matching the right staff to the right person, and all the staff we observed worked with people to enter into their world, rather than imposing their view on them. One person on Farnham confirmed that staff asked for their consent when providing personal care and was able to give us a good example of this. Another person on Farnham told us that they were quite happy with everything and especially how they were referred quickly to other health services. The person told us, "I love being here because I don't have to do anything. The reason why I love it is because I am being assessed for a wheelchair I have been measured for it and I'm now waiting for it to come."

We were given a copy of the staff training record. We saw that staff had received training in areas such as safeguarding, fire, food safety, first aid, infection control, moving and handling and dementia care. Other specialist training undertaken by staff included Huntington's disease, Parkinson's disease and catheterisation as just some of the training available to staff. We looked at the supervision records for ten members of staff. We saw supervision records considered staff's present work, their training needs and any future goals.

We spoke to a member of staff on Memory Lane who talked to us about the Dementia Kite Mark for excellence which the home had achieved last year from Dementia Care Matters. This is a separate organisation lending support and providing training in dementia care and supported Barchester with this. Barchester are now creating their own dementia excellence programme called Achieving Person Centred Active Leadership (APAL). Dementia training was regular and the member of staff we spoke with told us that all the staff in Memory Lane had received this specific dementia care training. Staff said they had received DOLs and Mental Capacity Act training and understood how important it was to offer the least restrictions possible while keeping people safe.

Requires Improvement

Is the service effective?

We were told by the manager that there were daily meetings for the Heads of Units and Team Leaders in the home and information from these meetings was cascaded to the Unit staff. We saw records of staff meetings which supported what we had been told. This meant that staff were kept informed and up to date with the changing care needs of people they cared for.

One person told us how they felt that the layout of the home was very wheelchair friendly. They told us, “Because I’m a wheelchair user I notice the way places are laid out. This place is good for me because it’s really easy to get about. No right hand corners so I can manage getting around bends really easily.”

Good

Is the service caring?

Our findings

During the visit we observed staff spoke respectfully to people and would make sure they made eye contact with them. On Ripley and on Memory Lane we saw staff engaging with people, but staff did not always have time to engage with people on an informal level on Farnham. For instance we did not see anyone sit and talk to people in the communal area as the staff were busy all the time helping people with their physical needs.

People we spoke with overall told us that staff were caring. We saw staff knock before entering people's rooms. Although on one of the unit's a person told us that staff, "Don't knock when they come in." We saw this happen in one case as we observed a member of staff entering a person's room without knocking on one of the units.

One person said they liked living at the home because, "The staff they're always laughing and there is always laughter going on." People living in the different units overall, made positive comments about staff and living at the home. People made comments such as, "I don't have restrictions I just do what I want when I choose" and "Visitors can come any time of the day." One person said, "The staff do their job and are quite pleasant. It's as much as I could expect from a home." Some of the other comments made to us were "The care is really good. There's trust between residents and staff" and "The staff are very friendly and helpful. The other residents are also very talkative and interesting"

When people were asked about what was good about the home. People made comments such as "The staff here are caring" and "The staff make me feel welcome. They call me by my Christian name which is nice" Another person told us "The best thing about this home is its staff" One person told us about their experience during their stay at the home. They said, "I'm on respite care and can only stay here a few weeks a year. I wish I could stay here longer." One person told us how staff treated them with dignity. They said, "Staff treat me with dignity particularly over personal care issues. That's nice" another person said, "The girls (staff) are nice. They are kind, and smile."

A visiting relative told us. "They are really good. I don't think they could do anything better. I am welcome any time."

Staff to whom we were introduced during our introductory tour of the home and who were going about their tasks were pleasant. Their smiles seemed easy and their sense of fun and humour natural and unforced. Staff interactions with people that we saw were characterised by warmth, care, compassion, informal spontaneity, fun, enthusiasm and generally upbeat.

We spoke with staff on all three units over the two days we were there. We spoke with them about people they were supporting. On one of the units although one the members of staff we spoke with was new, they were able to discuss with us in depth about the needs of people they were caring for on their unit. Staff we spoke with were knowledgeable about people's overall health needs, their personal likes and dislikes and their personal history.

In the discussions we had with staff they told us that the staff team was stable, and that even agency staff were the same people all the time, which meant they were more like a member of the team.

We observed caring approach from staff on Memory Lane (dementia care unit) who understood people's histories; using information they knew about people from the care plan to engage them in conversation. Some very good examples of the 'butterfly technique' were seen during our visit. This is a technique which is short positive interactions with people. We observed this technique being used on the unit and saw people smiling and laughing. One person was talking with a member of staff about gardening and appeared to enjoy reminiscing about planting vegetables. Staff communicated verbally, but also showed their care by taking a hand and touching or patting an arm. In our observations we noted that people who were quiet and withdrawn received attention as much as those who were more verbal or who sought attention. People responded well to staff interactions. We noted a particularly good interaction with a member of staff gently including a person who had just woken up, so that they were gradually involved in a game which made them smile. We saw staff responded well to a person who was verbally aggressive towards them, responding to the person rather than their behaviour and as a result the person became calmer and more engaged. We saw staff assisting a person from a wheelchair into a lounge chair as they chatted and laughed and joked with this person.

In four of the eight care plans we reviewed there were details with regard to people's end of life care and do not attempt to resuscitate (DNAR) forms had been completed appropriately, however in four care plans looked at in the

Good

Is the service caring?

Memory Lane unit we did not see any details regarding to people's end of life care. This meant that staff were not clear as to how people wanted their care needs met when they were at the end of their life.

We spoke to people about their privacy being respected and in one case a person told about receiving their mail and it being delivered unopened we were told that "Yes it was."

There were mixed responses from people when we asked about if the home asked them about their views. Some people felt that they had opportunities to share their views through meetings the home organised, although these were poorly attended. Other people said that when they did share their views these were not acted upon. Several people also confirmed with us that they had been asked for their views via surveys, although other people we spoke with said they had not received a survey or could not remember completing a survey.

During our inspection we observed and overheard staff inappropriately discussing their personal employment situation with people living in Farnham. For example a discussion took place about staff having left or were leaving because they were unhappy "with the pay here." This did not promote a caring and supportive relationship between people and staff.

Requires Improvement

Is the service responsive?

Our findings

During our visit to the home we observed that there appeared to be different activities taking place in different parts of the home. During our visit on the first day we saw that there was an 'Elvis' impersonator entertaining a group of people in the afternoon.

People overall appeared to have access to a range of activities. We were provided by the home with an activities programme which showed us the type of activities made available to people who lived at the home. Activities ranged from Theatre and Cinema visits to a swimming trip, musical entertainment and a reading club.

The home employed three activities organisers, providing one hundred hours and one activities organiser for each of the three units. People we spoke with told us that there were a variety of activities within the home that people could join in with if they wished.

People we spoke with made comments such as "I like 'minding my own business and this home lets me do that. If I want anything I can easily ask staff for it otherwise they leave me alone. For example the staff don't bother you or chase you if you don't want to get involved in any of the activities. They leave it up to you and that's nice. Another person said, "There's a variety of activities in which to join in if you want to. But you're not pushed into anything. The staff look after you but let you look after yourself too. That's a good thing"

People told us they had the freedom to do as much or as little as they wanted. One person said, "I've got the freedom to do my own thing here" whilst another person said, "I like to go out of the home to the shops. A relative helps me do that. I never have to ask and the staff never try to stop me. I just go and do it-though I do tell the staff where I'm going. I like my independence and I get that here."

Another person went on to tell us about their interests in work with children. They told us, "Though I'm in a wheelchair I like getting out and the staff encourages me too. I often visit the children's nursery next door and read them stories. The staff there tell me the children like me going there and I enjoy it too. Sometimes when the minibus is taking other residents to town or whatever the drivers (care staff) ask if I'd like to come along. And I do."

We reviewed the care plans of eight people living at the home. We found that most staff had a good understanding of people's care needs and that changes in care needs were well noticed and acted on, though this was not always recorded in enough detail in people's care plans. For example on one person's care plan it stated the person needed to wear spectacles all the time. This had been updated on 12 November 2014. However we observed the person was not wearing spectacles and their relative who visited, confirmed with us that the person had, had a cataract operation last year and no longer needed to wear glasses. Overall, we found each care plan had been regularly reviewed and where necessary changes had been made to reflect people's current needs. Where accidents or incidents had occurred we found detailed recordings in each person's care plan.

In the four care plans we looked at on Memory Lane we saw that they had clinical sections which sometimes minimised the person centred aspect. There were no 'This is Me' documents and personal histories did not have a strong feel of the heart of a person. There was a description of relationships and hobbies that at times lacked warmth. Significant memories were often left unrecorded. Reviews appeared at times to be routine and did not always give the feeling that people's views or changing needs had been fully considered. People's choices, interests and aspirations were often missing. Many care plans contained lists of past hobbies and interests but recorded nothing at all in the present and there was no space for considering goals or future plans however modest.

We recommend that the provider improves care plans to reflect people's choices, interests and aspirations which are person centred.

We observed on Memory Lane a member of staff enabling a person to have free access to the building, which required significant support for the individual. The member of staff noticed that one person was using body language to show they wished to move out of their chair. The member of staff and the person enjoyed an extended period of walking around. Without this proactive approach the person would have effectively been prevented from rising from their chair.

We observed staff interacting well with people on Memory Lane. Many staff were engaged in nail care, hand massages, playing boards games, looking at magazines and books, doing craft work and chatting. Staff showed an understanding of each individual person and could talk

Requires Improvement

Is the service responsive?

with them about their families and interests. One person was making their bed with a member of staff. General impression was that staff understood people's individual care needs and interests far better than the documentation would suggest.

We spoke with four members of staff on Memory Lane. Staff told us that there were activities on a regular basis, and that there was a member of staff specifically employed to do this. We observed numerous small scale activities such as hand massage, playing with a ball, talking, walking around with people and chatting. One member of staff told us, "I know these people as well as I know my own family. We spend so much time together and we notice little changes, things that are perhaps only visible to people who know the person well."

We spoke to people about how easy it was to make a complaint. One person said, "I've never had to make a complaint" another person said, "I've never had to make any complaints." People told us about how the management of the home responded to feedback or to any complaints. People we spoke with told us they would speak to the manger if they had any issues or concerns. One person said, "I'd just tell staff but I never have complaints" another said, "Wouldn't know who to speak to if I had any complaints."

Since the inspection the Care Quality Commission had received two complaints about the home. We had been made aware that these were being dealt with under the home's complaints procedure.

One person and their relative were able to describe the poor experience during a person's admission into the home for the first time. The person said "Nobody knew about me. There was no one around. We had to wait about thirty minutes before anything happened." There relative said that they were shown to a different room than they had originally been shown. The relative asked to speak with the duty manager and was told they were not at the home and that only nursing staff were available. When questioned about how long this would take to resolve, the relative was told 'in five days' We were told by the relative that eventually a very nice staff member decided to intervene. This staff member apologised and tried to resolve the situation. The relative went onto say "But we were then taken to a different room than the one we had agreed to live in. This room was not properly prepared and smelt of urine. Dad became upset. The kind staff member then tried and eventually managed to get us into the room we had reserved. But since then the Home is trying to get us moved out of this room to one closer to the nurse's station but we don't want to go there. Why should we? They're only doing it for their benefit not dads. If things don't radically improve we are going to have to leave but we don't know the area and what other homes are around here" The relative also added "When I eventually met the staff member responsible for Pre-Admissions, I felt admonished. This staff member told me "I told you that the room might be ready. She said this in a curt and offhand way leaving me feeling upset". At this point the relative burst into tears and remained visibly upset and tearful for the next three or so minutes. This relative felt alone in the area, knew nobody, didn't have anyone else to turn to for help and didn't know how else her father could receive the quality experience that he deserved. The relative told us they were worried about possible repercussions for her father were the home and especially managers to find out about what they had told us. The relative was re-assured that this would be reported to the management to enable them take action to ensure that this would not occur again.

Requires Improvement

Is the service well-led?

Our findings

There was a clear management structure with a registered manager and a deputy manager at this service. One of them was on duty each day so that leadership was evident to staff. We saw staff approached the manager and deputy manager for advice and guidance throughout our visit.

Throughout the day the registered manager was able to answer all of our questions about the service and made themselves available to do so.

During our introductory tour of the home and from our discussions with the management team we were told that every effort was made to encourage the good 'feel' of the home. The building was modern clean well appointed, warm, well decorated, personalised with a variety of colourful and interesting wall hangings and prints. It had wide corridors well able to accommodate wheelchair users. All individual rooms we visited had en-suite facilities and the bedrooms were well appointed. There was a marked absence in the home of any unpleasant smells. We observed painters on Memory Lane unit were refreshing the walls and ceilings of parts of the first floor on the first day of our visit.

We spoke with the deputy about the key strengths and issues she thought were characteristic of the home. She said the key strength was the person centred quality of care given by staff. Two key 'issues' facing the home were: the high turnover of staff – 45 who had left in the previous 12 months; staff training and consequent low morale of staff.

There were mixed views about what it was like for people living at the home. Such as one person said, "I'd rate this home as good – maybe even outstanding at times. I don't think it requires any improvement" another person said, "This is a good home, certainly compared to other homes. It's certainly most attractive." Other people made comments such as, "This is a fine place to stay" and "I've got no complaints about living in this home."

Several people told us that they though the quality of the service had changed. Some people we spoke with told us some of the concerns they had and why they thought the service had deteriorated with one person saying, "A relative stayed here and was treated very well. That's why I came. Initially I had good care too but it's changed in the last few years. The quality's gone right down. The staff shortages are horrendous" another person told us "I could recommend this place but not without reservations. The place is pleasant, has a nice view and atmosphere and most of the staff are ok. But the agency staff leave a lot to be desired. They are mainly Filipino's and there's a language barrier. Overall I would have preferred to be in another local home."

We spoke to people about whether they had opportunities to attend meetings in the home where they could share their views and make suggestions. People made comments to us such as, "The home does organise some meetings with residents and relatives. About three or four time a year I think. About two or three of us turn up. If we raise things they usually get done but it takes a long time for them to happen" and a relative said, "They don't consult with residents or relatives. For example they recently took the TV out of the large lounge where my relative sits and enjoys it and removed it to a tiny lounge by the dining room. In its place they put a CD which sounds like they play it on a loop. It's so repetitive. Why? They just did it." Another visitor told us that this issue had been raised at a residents/ relatives meeting and even though no one wanted the TV to be moved they moved it anyway. Another visitor told us, "They never really consulted with us about moving that TV."

We spoke to people about the management of the home. People told us, "The Manager is someone who says 'Yes I'll deal with it' but then doesn't" another person said, "I don't know the Manager and she has never introduced herself to me." We spoke to people about the openness, transparency and culture of the home. One person commented, "The carers are in a difficult position. You can tell they'd like to talk to us about the home but they're reluctant." One person told us that when concerns had been raised to the manager by staff and residents they replied " If you don't like it, leave."

We spoke to people who lived at the home about being asked about their views and having their say and being involved. Several people made comments to us such as, "I don't believe I've ever been asked about my views about the home and I have no recollection of ever being asked to participate in any survey. That said they do occasionally ask If I enjoyed social events" and "The home gives us things to fill in and say they'll take on board what we've said. But they never do anything about it". Other comments made were, "I've never seen any surveys. I'm happy and the staff knows I'm happy so they never ask me" and "The home doesn't ask our opinions on how the home could be improved. I have made some suggestions but they haven't

Requires Improvement

Is the service well-led?

acted on them. I think we should have a more active social life, have more visitors and be more involved in the local community. I also think some staff think some residents are 'time wasting' when they ring their call bells and so they don't come. I thought of ways to improve things but nothing's changed." This is a breach of Regulation 17 (Respecting and involving service users) of The Health and Social Care Act 2008 (Regulated Activities) Regulations 2010. We found that the provider had failed to treat people with consideration and respect and encourage and support people in relation to promoting their autonomy.

We saw from records we looked at that there had been residents and relative meetings held in September 2014 and October 2014. Minutes we looked at from these meetings showed that these had been poorly attended.

We were informed by the manager that surveys had been sent to people in September 2013 and 2014. The results had not yet been collated from the September 2014 survey.

We looked at the minutes from the last staff meetings and found that these were held monthly. Minutes showed that staff had the opportunity to discuss things such as health and safety matters and staff practice. This meant that this ensured staff had the opportunity to discuss current good practice and where any issues that they may have identified and the course of action to be taken.

The manager told us that they carried out quality audits regularly. We looked at the audits carried out by the manager and other members of the staff team. Records we saw showed that all the audits carried out by either the manager or senior staff were all up to date. These audits covered areas such as medication, care plans, environment and health and safety matters such as fire safety. This meant that the manager identified any required work and action plans were put in place to ensure the home was safe, clean and well maintained for people living there. We saw that the home had in place the organisations quality assurance policy and procedures.

We saw from the records we looked at that notifications had been reported to the Care Quality Commission as required.

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 did not take formal enforcement action at this stage. We will check that this action is taken by the provider.

Regulated activity	Regulation
Accommodation for persons who require nursing or personal care	Regulation 22 HSCA 2008 (Regulated Activities) Regulations 2010 Staffing **The provider had failed to protect people against risk associated with not maintaining appropriate staffing levels.**

Regulated activity	Regulation
Accommodation for persons who require nursing or personal care	Regulation 10 HSCA 2008 (Regulated Activities) Regulations 2010 Assessing and monitoring the quality of service providers **The provider had failed to protect people from unsafe and inappropriate care and to promote people and their representatives to express their views or in relation to making complaints.**

Regulated activity	Regulation
Accommodation for persons who require nursing or personal care	Regulation 17 HSCA 2008 (Regulated Activities) Regulations 2010 Respecting and involving people who use services **The provider had failed to treat people with consideration and respect and encourage and support people in relation to promoting their autonomy.**