

Jontell Limited

# Carr Hall Care Home

## Inspection report

54 Carr Hall Road  
Barrowford  
Nelson  
Lancashire  
BB9 6PY

Tel: 01282602362

Date of inspection visit:  
11 July 2016

Date of publication:  
13 September 2016

### Ratings

Overall rating for this service

Requires Improvement 

Is the service safe?

Requires Improvement 

Is the service effective?

Requires Improvement 

Is the service caring?

Good 

Is the service responsive?

Requires Improvement 

Is the service well-led?

Requires Improvement 

# Summary of findings

## Overall summary

We undertook a comprehensive inspection on 11 July 2016. This was an unannounced inspection.

Carr Hall care home is registered with the Commission to provide nursing or personal care for up to 23 who are older people, have a physical disability or people living with a dementia. Nursing care is not provided. At the time of our inspection there were 20 people in receipt of care. All rooms were of single occupancy and of these six were ensuite. Bedrooms were located across two floors of the home.

There was a registered manager in post on the day of our inspection. A registered manager is a person who has registered with the Care Quality Commission to manage the service. Like registered providers, they are 'registered persons'. Registered persons have legal responsibility for meeting the requirements in the Health and Social Care Act 2008 and associated Regulations about how the service is run. We last inspected the service on 19 March 2013 and identified no breaches of the regulation that was relevant at that time.

During this inspection we identified breaches in relation to medicines, risk assessment, the environment and equipment, infection control, recruitment, staff training, records, activities and good governance. We also made recommendations in relation to staffing, Deprivation of Liberty Safeguards, activities and nutrition and hydration. You can see what action we told the provider to take at the back of the full version of the report.

We saw staff had completed medication training and people using the service, visitors and professionals told us they had no concerns with the administration of medicines. However we identified concerns in relation the safe handling, administration and recording of medicines.

Staff we spoke with were able to discuss the appropriate actions they would take if they suspected abuse was taking place and they were aware of the whistleblowing policy (Reporting bad practice). People using the service, Visitors and professionals told us they had no concerns and that people were safe. There was evidence that staff had completed safeguarding training.

There was evidence of environmental risk assessments in place however there was no evacuation plans or any assessment of peoples individual need in the event of an emergency evacuation. Bedrooms had personal items and mementos in them and people who used the service we spoke with told us they liked their rooms. All rooms were tidy and free from clutter; however we identified concerns relating to a strong odour present in one bedroom and also from a chair in the lounge.

Staff files included some evidence of safe recruitment however there were gaps in the records which included a lack of interview questions and one file that had no Disclosure Barring Service (DBS) check. We saw evidence of appropriate staffing numbers in place, however we observed the lounge area was left unattended on a number of occasions throughout our inspection.

Care files reflected people likes and dislikes for meal choices and there was some evidence of nutritional assessments in place. However we saw gaps in weight recording and staff we spoke with told us there were no alternative measures in place to monitor any changes in weight.

Professionals visiting the home told us they were confident staff had appropriate skills and staff we spoke with confirmed training was taking place. We saw some evidence of the training undertaken in the staff files we looked at, which included nationally recognised qualifications. However the training matrix identified some gaps in mandatory training such as fire safety, infection control and Mental Capacity Act and Deprivation of Liberty Safeguards.

We were told no people living in the home were subject to a Deprivation of Liberty Safeguard (DoLS). We saw that staff had access to policies and procedures relating to DoLS, however staff we spoke with about DoLS were unable to demonstrate they had appropriate knowledge to protect people who used the service from unlawful restrictions. We saw no training had been provided to ensure staff had the necessary knowledge to protect people.

People who used the service and visitors to the home were positive about the care delivered in the home and we saw evidence of people's individual care needs recorded in their care files. We observed some staff responding in an appropriate and timely manner however we observed two occasions where care was not delivered in line with individual requirements.

Staff had access to policies to guide them on supporting the privacy and dignity of people who used the service and the provider's statement of purpose demonstrated a commitment to ensure people's privacy and dignity was maintained. Professionals visiting the home told us they were offered private facilities when undertaking care delivery or treatment.

We were told people were involved in the development of their care files. We looked at the care records for three people currently in receipt of care at the home. There was evidence of care planning and risk assessments in place, however we noted some areas of the care file required review and updating. One person's care file identified the use of equipment was required with moving and handling, however we observed this was not used during care delivery on the day of our inspection.

Staff told us activities were taking place in the home however we could see no documentation of completed activities to confirm this. There were no activities undertaken during the day of our inspection other than one person who was supported to go outside to undertake a specific activity with them.

We saw evidence of meetings taking place for people who used the service; however there was no evidence to confirm formal and detailed staff team meetings took place. Staff we spoke with told us they received updates on an informal basis. We received positive feedback from staff as well as professionals who visited the home about the registered manager.

There was evidence of some audits and monitoring taking place however we noted a number of these had not been completed in full and dates of completion were recorded a number of months ago. Systems and processes to ensure quality monitoring was taking place to ensure the safety of the services provided was lacking.

Formal structured staff supervision was not taking place. We only saw evidence of one supervision record in the staff files we looked at. Staff we spoke with told us supervisions were undertaken, one staff member said these were done informally.

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

We always ask the following five questions of services.

### Is the service safe?

The service was not always safe.

We saw gaps in medication administration and we observed the medication trolley was left unlocked and unsupervised in the lounge area.

Evacuation plans and risk assessments that would be used in the event of an emergency evacuation were incomplete.

Environmental checks identified people's bedrooms had been decorated with personal mementos and people using service had a choice of the type of flooring in their rooms. However there was a strong odour present in one person's bedroom and a chair in the lounge was wet with a strong odour, both were consistent with urine.

Staff recruitment processes were seen however the process had not been completed in full.

**Requires Improvement** ●

### Is the service effective?

The service was not always effective.

We saw some evidence of positive meaningful interactions with people during lunchtime as well as a lack of meaningful interactions.

People told us they were confident in the skills and the experience of staff, there was evidence of some up to date training however we saw gaps in mandatory training for staff.

Staff we spoke with told us there were no DoLS applications in place or pending with the assessing authority.

**Requires Improvement** ●

### Is the service caring?

The service was caring.

Staff we spoke with understood the importance of using care records to ensure care was delivered to meet people's individual needs.

**Good** ●

Staff had access to guidance to ensure the privacy and dignity of people who used the service was maintained.

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

The service was not always responsive.

Care files were in place and there was some evidence of reviews taking place however not all were up to date.

Professionals who visited the home told us they received appropriate and timely referrals to ensure health care needs were met.

We saw no activities undertaken during our inspection and there was minimal supervision of the lounge during or inspection.

**Requires Improvement** ●

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

The service was not always well-led.

Audits and quality monitoring of the service was incomplete and dates recorded for some of these were a number of months prior to the inspection. There was a lack of oversight and management of the services provided.

We received positive feedback about the registered manager on the day of the inspection.

**Requires Improvement** ●

# Carr Hall Care Home

## 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 11 July 2016 and was unannounced. The inspection was undertaken by one adult social care inspector.

Prior to our inspection we looked at information we held about the service which included statutory notifications. A statutory notification is information about important events which the provider is required to send us by law. In addition, we reviewed safeguarding information and any feedback that had been passed to us from a range of sources.

We used a number of different methods to help us understand the experiences of people living in the home. We spoke with four people currently in receipt of care, two visitors, a visiting professional, five members of staff, and the senior staff member in charge on the day of our inspection. During our inspection we undertook a tour of the building which included several people's bedrooms as well as lounge areas and communal bathrooms. We undertook observations in two communal areas of the home at various times during the day. We also undertook a Short Observational Framework for Inspection (SOFI) during the lunch time period. SOFI is a way of observing care to help us understand the experience of people who could not talk with us.

We looked at a number of records which included audits, quality monitoring and risk assessments, three staff records, records of feedback from people using services, daily records and the care files for three people currently in receipt of care.

# Is the service safe?

## Our findings

We spoke with people who used the service about the care they received and whether they felt safe in the home. People using the service told us, "It is alright here, they look after you" and, "I feel safe, I am happy here". A relative told us they were happy with the home and felt that their relative was, "Safe." A visiting professional told us they were happy with the care delivered in the home and had, "Never seen anything of concern." We received feedback from a number of professionals prior to our inspection who told us they had no safeguarding concerns about the home.

Staff were able to discuss the procedure to take in response to any allegations of abuse and all staff asked were aware of the whistleblowing policy (Reporting bad practice). They felt confident to use this in the event of any concerns. Training records identified all but two of the staff team had received safeguarding adults training in the last year, this would ensure they had up to date knowledge of how to safely manage allegations of abuse. We saw that staff had access to safeguarding policies and there was a safeguarding file in place which included completed notifications as well as the outcome of investigations from the local authority safeguarding team. However we could not see any records relating to the provider's own internal investigations. This would mean records relating to any investigations were incomplete and did not provide a complete audit trail of investigations to protect people who used the service.

People who used the service and professionals visiting the home said they had no concerns relating to medication administration. A professional said, "Staff are knowledgeable about the residents (People who used the service) and their medication; what it is for, how often taken and where to find further information about new medications."

During our inspection we observed parts of two of the medications rounds undertaken by staff and identified some concerns relating to the administration and recording of these. The provider's policy on medication directs staff that the medicines 'Must be safely stored away. The trolley should never be left unlocked or unattended at any time.' However during the medication round we saw that the medicine trolley was left unsupervised on a number of occasions with the trolley unlocked and medication left on the top. We brought this to the attention of the staff member responsible for medicine administration who locked the trolley when it was left unsupervised however we observed a further occasion where medication was left on the top of the trolley.

We also saw one staff member administering a medication that was given via an inhaler. We checked the Medication Administration Records (MAR) following this administration and saw that it had been signed by another staff member. There was also two occasions where people were not monitored during the administration of their medication to confirm they had been taken.

We looked at the MAR folder and saw records which included; GP information for each person who used the service their date of arrival to the home, date of birth as well as sample staff signatures to assist in effective audit trails of completed MAR charts. There were records for each person which included relevant information such as people's medical history, any medication reviews as well as evidence of professional

visits. This would ensure that staff had access to information which related to any changes in condition. The MAR charts had some evidence of staff signatures to confirm that medicines had been given however we saw some gaps in the recording. For example one person's record identified gaps for three different medications where we would have expected signature to be present to confirm it had been administered.

There was evidence of a recent audit that had taken place; this included the safe handling and storage of medicines. However the records identified these had not been completed in full. For example there was no record that any spot checks on medication administration had been completed or if the medicines which needed to be given 'as required' had been reviewed. The audit also identified some of the findings which required action to address however we could see no records of actions going forward to address these.

The registered provider had failed to ensure that there were safe systems at the home regarding the control of medicines. This was a breach of Regulation 12 of the Health and Social Care Act 2008 Regulations 2014 Safe Care and treatment.

We asked about how risks were being safely managed in the home. We saw evidence of risk assessments in place in people's care files which would ensure identified risks were managed appropriately. There was also a record that related to completed risk assessments for example, hoist servicing, housekeeping as well as heated surfaces. We asked about whether risk assessments were in place to protect people in the event of an emergency that required evacuation of people who used the service. We were shown a contingency file however there was no evidence of any completed risk assessments in place. The senior staff member in charge on the day of our inspection was unable to provide evidence of Personal Emergency Evacuation Plans (PEEPS) that would demonstrate completed assessments relating to people using the service's individual's needs had been done. During feedback following the inspection, we asked the provider to ensure appropriate risk assessments and plans were in place to maintain the safety of people in the event of an emergency. We referred these concerns to the appropriate agency for them to investigate.

The registered provider had failed to undertake risk assessments related to emergency contingency planning. This was a breach of Regulation 12 of the Health and Social Care Act 2008 Regulations 2014 Safe Care and treatment.

We looked at a number of people's bedrooms. We noted that these had been personalised and had been decorated according to their own requirements and tastes. We were told people were offered the choice of the type of flooring in their rooms and that there was an on-going refurbishment programme. Visiting professionals told us they had no concerns with the environment. One person who used the service told us they liked their room and they had their own personal items. Communal areas of the home had been nicely decorated and included appropriate seating, corridors on the ground were wide and accessible for wheelchair users.

People living on the ground floor had access to two lounge areas; there was also a separate unit on the lower ground floor which consisted of three bedrooms, washing facilities and a conservatory. Staff we spoke with told us that if people living on the lower ground floor requested to access the main lounges in the home they would have to access this from outside. There was a Health and Safety Audit which identified works required to the pathway to the downstairs accommodation. We also noted the staircase was narrow and there was no stair lift in place for people who used the service to use to access the ground floor.

Records relating to regular water checks identified these had not been completed for four months and guidance for appropriate temperatures identified only one record had achieved the required temperature. Appropriate safety checks on equipment were up to date such as portable appliance testing and bath



checks. However we saw that necessary checks on fire alarms, emergency lighting, annual inspections and fire drills had not been completed in a timely manner to ensure equipment for staff to access in the event of an emergency was working safely. We referred our concerns regarding this to the appropriate authorities for them to investigate. We were made aware following our inspection that a review at the home by the relevant authorities had taken place.

We observed safe practice taking place to support one person with their mobility however this was not consistent. For example we observed one staff member undertaking a procedure without the use of footplates on a wheelchair. This practise would increase the risk of injury for people who used the service. We brought this to the attention of the staff member in charge on the day of our inspection who could not confirm risk assessments were in place to mitigate the risks associated with the use of the equipment without footplates. The staff member gave us assurance this practice would cease.

The provider's statement of purpose demonstrated a commitment to ensure, "The premises are kept clean, hygienic and free from unpleasant odours." The home was noted to be clean and tidy and bedrooms were free from clutter. However during the inspection we observed one of the bedrooms had a strong odour present and one of the chairs in the lounge was noted to be wet with a strong odour of urine. We brought this to the attention of the staff member in charge who removed the chair immediately for cleaning.

We asked about how the service protected people from the risks associated with infection. We saw staff had access to personal protective equipment such as gloves and aprons and we saw staff using these appropriately during our inspection, however this was not consistent. For example we observed one person giving people who used the service their medication out of their hand instead of from a pot without changing their gloves for each person. We also saw a number of personal toiletries stored in the main bathrooms. This would increase the risk of the spread of infection if these were used by a number of people who used the service. The staff member in charge on the day of our inspection gave us assurance that these would be removed immediately.

There was an up to infection control policy in place to guide staff to prevent the spread of infection however this was brief and did not contain a procedure for staff to follow to ensure standards were being maintained. Systems to monitor infection control to protect people from the risks of infection required updating. This was because we saw evidence of audits taking place which included detergent and health and safety advice but these were dated from December 2015. There was also an action plan titled 'Infection Control' which had been dated December 2015 and none of the sections had been completed to demonstrate an audit had taken place. We could not see evidence of recent and up to date audits to ensure appropriate measures were in place.

There was a lack of robust infection control measures in place at the home. This was a breach of Regulation 12 of the Health and Social Care Act 2008 Regulations 2014 Safe Care and treatment.

Visiting professionals to the home told us there was, "Always enough staff on duty", "I have always observed appropriate staffing levels during my visits" and, "There has been enough staff on the days I visited." Staff we spoke with told us staffing levels were adequate and they felt able to meet people's individual needs. Comments received were, "This is a good staff team." Staff were observed to be responding in a timely manner to buzzers as well as to people's individual needs. We looked at duty rotas and saw evidence of relevant staffing numbers which included notes where extra support was required.

However during our inspection we observed the communal areas of the home were left unattended for long periods. This would put people who used the service at increased risk of their support needs not being

identified quickly by staff. On one of these occasions we noted that all of the five staff members on one of the floors had commenced a break at the same time. We brought this to the attention of the staff member in charge at the time of our inspection who told us this was due to staff commencing lunch breaks later than usual.

We recommend the provider seeks guidance on adequate staffing numbers including rotation and deployment of staffing to cover breaks to support people's needs safely.

We looked at how the service ensured staff were safely recruited. We examined the staff files for three currently employed staff members. There was evidence of the process the provider took for staff recruitment documented. This included completed application forms, as well as appropriate references in two of the three files checked. This would ensure that staff recruited had the necessary skills and character required. However we noted that there were some gaps in the recruitment process. For example there was no evidence of any discussion taking place during recruitment interviews and one file had no evidence of the staff member's proof of identity or Disclosure Barring Service Checks (DBS). The DBS helps employers make safer recruitment decisions and prevent unsuitable people from working with vulnerable groups. We discussed these gaps with the staff member in charge on the day of our inspection who was unable to confirm if these had been obtained or if the registered manager had evidence that these had been obtained. There were ineffective systems to ensure records were completed and reflected a robust recruitment.

Recruitment processes were not operated effectively to ensure safe recruitment of staff. This was a breach of regulation 19 of the Health and Social Care Act 2008 Regulations 2014 fit and proper persons employed.

## Is the service effective?

### Our findings

We discussed the food offered in the home with people who used the service and visiting relatives. We received positive feedback about the quality and choices available to them. Comments received were, "The meals are great and we get choices" and, "The food looks and smells good." A visiting professional told us, "The food is all cooked fresh each day and fortified for added nutrition." There was also evidence of positive feedback from relatives which stated, "The food looks and smells good."

We saw evidence of nutritional assessments undertaken in the care files which reflected people's likes, dislikes and any preferences they had during meal times. Records of weights were recorded in a daily file. This would ensure staff were able to monitor people's weights for any changes. However we were shown a copy of weight records that had been completed recently and saw gaps in the recordings. We asked the staff member in charge about these gaps who told us they were 'unable to weigh some people.' They said they did not undertake any recognised alternative assessment to monitor any changes in people's weight. Systems to monitor and record weights for people who used the service required improvement.

We asked about meals and how people were supported to make their own choices about the meals on offer. The staff member we spoke responsible for food preparation told us choices were discussed each morning and if people requested an alternative this would be accommodated. We observed people using the service being served breakfast by staff. Although we saw some evidence of positive support and interactions taking place we also noted occasions where there was a lack support for people using the service. For example we observed one staff member removing a dish of food from the table of one person which had been untouched. We observed staff only offered help to support this person on one occasion with this meal; this was despite the meal being placed in front of them one hour previously.

The provider's statement of purpose discussed their commitment. 'To provide a welcoming environment in the dining room and to ensure that meals are pleasant, unhurried occasions.' During the lunchtime period we carried out a Short Observational Framework for Inspection (SOFI). Meals were seen to be appetising with fresh vegetables on offer and people we spoke with told us they enjoyed their meals. SOFI is a way of observing care to help us understand the experience of people who could not talk with us.

Whilst there was some evidence of positive interactions taking place between staff and people who used the service, there was also evidence that the dining experience lacked meaningful interactions. We observed that a staff member failed to discuss with people who used the service or obtain consent from them when aprons were applied prior to lunch being served. There was no positive conversation with people whilst meals were being served and staff did not inform people about what meals they were being given. We observed one person was supported to eat their meal by staff, however communication by them (the staff) was very limited and the person who used the service was not informed what they were eating. We also saw one person had spilt a drink on their clothing; this was not dealt with in a timely manner.

We looked in the kitchen and saw evidence of temperature checks taking place on storage equipment. There was evidence of adequate food supplies including meat, vegetables and daily produce. Staff told us

there was always enough supplies of food and staff were able to order supplies as and when required. There was a food hygiene rating certificate which had been issued in February 2015 with a rating of four and we saw that a food safety review had been completed in the last year. Nutrition and hydration for people who used the service was prepared and delivered in a safe and effective environment.

We recommend the provider seeks nationally recognised guidance to monitor weight and support for people with nutrition and hydration needs.

People who used the service and visitors to the home were positive about the skills of the staff team. They said, "The staff are wonderful", "I have no concerns, they do the best they can." Visiting professionals to the home told us the staff had the knowledge and skills to deliver safe care. One person said the staff had, "Excellent knowledge and do understand people's needs," another said, "Staff skills are assessed regularly" and, "The manager ensures staff are sufficiently trained."

Staff we spoke with told us they had received training to ensure they provided effective safe care. Staff files we examined identified evidence of some training undertaken which included, moving and handling, health and safety, end of life care and nationally recognised qualifications as well as the Care Certificate. The Care Certificate is a nationally recognised set of standards that health and social care workers adhere to in their daily working life.

We were also provided with a training matrix which identified some training had taken place for example moving and handling and first aid, however not all staff had completed the provider's required mandatory training to ensure they held the necessary knowledge and skills to provide effective care delivery. For example the training records for staff identified 14 of the staff had not undertaken any fire safety awareness training and the remaining eight had not completed the training since 2013, only five of the 22 staff had completed dignity, choice and diversity training. There was also another file with documentation to record training for example, infection control, health and safety and fire safety however these were noted to be blank. We also saw induction records for one staff member had not been completed in full which did not confirm they had covered all requirements to ensure appropriate knowledge and training had been covered.

The registered provider failed to ensure staff received appropriate training. This was a breach of regulation 18 the Health and Social Care Act 2008 Regulations 2014 staffing.

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). The DoLS provide a legal framework to protect people who need to be deprived of their liberty in their own best interests. We discussed the requirements of the Mental Capacity Act (MCA) 2005 and the associated DoLS, with the staff on duty.

We asked staff whether anyone currently in receipt of care was subject to a DoLS. The staff member in charge on the day of our inspection confirmed there was no one subject to a DoLS. There was an up to date policy and procedure in place to guide staff. We checked the training records and only nine of the 22 staff

had undertaken DoLS training and saw the most recent date for the training undertaken was 16 months prior to our inspection. We were told dates planned for dementia training in August. We asked staff about their understanding of DoLS and best interests. Staff were unable to provide appropriate knowledge of DoLS to ensure people were protected from the risks of unlawful restrictions because staff lacked the knowledge to protect them.

The registered provider failed to ensure staff received appropriate training to ensure people were protected from unlawful restrictions. This was a breach of regulation 18 the Health and Social Care Act 2008 Regulations 2014 staffing.

During our inspection we saw staff were knocking on people's doors and waiting to be invited in. People who used the service told us that staff asked for permission before undertaking any care delivery. We saw appropriate documentation relating to consent for the administration of medicines and people's individual choices and wishes were recorded in the care files we looked at. This would ensure staff had access to records relating to people individual wishes and choices along with what care needs they had agreed to.

We spoke with visiting professionals to the home who confirmed appropriate and timely referrals were received Professionals told us, "The home contacts us appropriately to review people using the service", "The staff meet the directions given to them and, "I have a good working relationship with all the staff and they take any criticisms as constructive and work to improve any criticisms." We observed visiting professionals in the home on the day of our inspection. This would ensure people who used the service received timely and effective health reviews.

## Is the service caring?

### Our findings

We asked people who used the service and visitors to the home about the care that they received. We received very positive feedback. Examples of comments were, "I am very happy here the staff are wonderful". We also saw evidence of positive feedback obtained about the care delivered in the home. For example, "We feel that (My relative) is very well cared for, you feel at home", "It was such a relief to find a home as caring as yours" and, "Your superstar's thank you so much for your care and attention." Visiting professionals we spoke with told us, "The staff are very helpful when I ask for assistance", "Staff are always pleasant and caring when interacting with the residents, a good rapport is often observed between staff and residents during visits" and, "All staff are very caring and act in a professional manner. Many staff have been there a long time as have some of the residents."

It was clear from our observation that staff had positive caring relationships with people who used the service. People were seen to be nicely dressed with no evidence of unkempt or dirty clothing. We observed staff responding to people's needs in a kind, sensitive and unrushed manner however there was two occasions where people who used the service did not receive appropriate and timely care delivery. This was because the care delivered by the staff did not reflect their individual needs.

Care files reflected people's care needs and requirements this would ensure care was delivered in line with their requirements. One staff member we spoke with told us information about people's individual care needs were recorded in their care records. They also said, "It is also important to communicate with residents (People who used the service)". This would ensure staff had access to relevant individualised information about people who used the service.

The providers statement of purpose dated 2016 detailed, 'We strive to retain as much privacy as possible' and, "We try to preserve respect for our service users (People who used the service) users intrinsic values." We looked at the policies and procedures in place and saw staff had access to guidance to ensure standards were met for people who used service to maintain their privacy and dignity maintained. We also saw staff had access to guidance on privacy and dignity to ensure standards were met. There was a dignity in care audit that had been commenced this year however this was noted to be incomplete. We saw care that no direct care delivery was given in the public areas of the home and we observed staff took people who used the service to their bedrooms to undertake individual care needs with them.

Professionals who visited the service told us, "It's a lovely home I have no concerns", "The home offer private facilities when we review people" and, "Residents may be seen in their own rooms. We saw that care plans detailed actions to take to maintain people's privacy and dignity. This would ensure that staff had access to relevant details to maintain people's privacy and dignity.

## Is the service responsive?

### Our findings

We spoke with people who used the service as well as a visiting relative who confirmed they had been involved in the development of their care plans. Comments seen in feedback from relatives reflected this. One said, "My (Relative) needs were understood from her first days in the home." The provider's statement of purpose also demonstrated their commitment to involve people who used the service or their relatives in the development and assessment of care files. It stated, 'Every service user (People who used the service) has access to their plan and is encouraged to participate as fully as possible in the care planning process'. This would ensure care planning reflected people's individual needs and choices.

During our inspection we looked at the care files and daily records for three people currently in receipt of care. There was evidence of completed pre admission assessments in all the care files we looked at however the information contained in them was limited on people's needs and did not provide staff with sufficient information on how to meet their individual needs. Care plans identified people's needs, likes and the support required along with dates that review had taken place, for care needs such as; nutrition and hydration, maintaining a safe environment and social needs.

We saw some completed risk assessments in place for falls and mobility as well as guidance on how to facilitate people's choices relating to locking their bedroom doors, with appropriate arrangements in place for staff to access the room if required. However we saw the reviews relating to risk assessments for mobility in one person's file lacked evidence of regular reviews that were relevant to their individual needs. We also identified that another person who used the service required the use of a hoist for any moving and transfer activity however we observed that staff moved this person without the use of the hoist. This meant the care delivery did not reflect their individual care requirements.

We noted that the provider had also developed a list for 'keyworkers' to monitor the dates when reviews of care plans were required however we saw three people's care files had not been updated for four months. This meant that records did not confirm up to date information about people was available to guide staff on meeting their individual needs.

There was a policy in place to guide staff about their duty to keep records and we also saw that the staff had to guidance on good record keeping guidance on display in the staff area in the home. This would ensure staff followed procedures in place to ensure records were complete and reflected peoples individual needs. However we noted in the training records that only five of the 22 staff had completed training to assist them in care planning and no staff had undertaken person centred care training.

The registered provider failed to ensure records were accurate, up to date and complete. This was a breach of regulation 17 the Health and Social Care Act 2008 Regulations 2014 Good Governance.

As part of the service user guide the provider demonstrated how they would support people who used the service with activities in the home, it advised that they would, 'Try to help residents to carry on with existing hobbies, pursuits and relationships, and to explore new avenues and experiences.' We spoke with one

person who used the service who describe the support they received to undertake a specific activity of their choice outside each day.

We spoke with the staff member responsible for activities in the home who told us activities were person centred and planned activities were undertaken twice each week however there was no evidence of planned activities on the other days in the home. We saw notices on display in the public areas of the home which identified up and coming events such as entertainers and, 'What's happening at Carr Hall'. One staff member told us the provider had installed the internet at the home therefore it was possible for people who used the service to video call their relative if visits were not possible.

Staff also said individual activities were taking place and that all activities were recorded in a note book. We asked to look examine this record during our inspection. The staff member was unable to locate this during our inspection and therefore was unable to produce evidence that any meaningful group or individual activities had taken place. During our inspection we saw no activities taking place. This meant people who used the service lacked meaningful activities to meet their individual likes and wishes.

The provider failed to ensure individual or group activities were organised, undertaken or recorded. This was a breach of Regulation 9 of the Health and Social Care Act 2008 Regulations 2014 Person centred care.

We looked at how the provider recorded and dealt with complaints or concerns in the home. There was evidence of contact details for other agencies to refer to if they required however we noted that these details required updating. We saw the provider had a complaints file which had no documentation relating to any complaints recorded, however we saw evidence of investigations and documentation relating to complaints in people's individual records as well as completed minutes from a resident meeting detailing complaints and the actions taken by the provider to deal with them. Visiting professionals to the home told us, "Any concerns are actioned straight away." There was positive feedback on display in the staffing area. Examples of comments seen were, "Thank you for making our family so welcome" and, "We have had some lovely moments."

Advice for people who used the service, visitors of staff to guide them on the process for making a complaint was on display in the entrance to the home and we saw a suggestions box available that would enable confidential feedback about the service. During a walk around of the building we saw that people who used the service had details of how to complain on display in their bedrooms. We saw how the provider advised how they would respond to a complaint in the service user guide. Staff had access to the complaints policy to guide them on dealing with complaints. Systems and processes to act on and deal with complaints was in place.



## Is the service well-led?

### Our findings

We received positive feedback about the registered manager from staff. Examples of comments received were, "I am happy with the manager" and, "I am supported by the manager". Visitors to the home told us, "The manager is organised and is aware of the strengths of her team", "She has excellent management and leadership" and, "The home is well run."

We saw evidence of meetings taking place for people who used the service. Topics discussed included, a garden party, and concerns raised by people along with the actions taken to resolve these. We asked about the arrangements in place for staff meetings to ensure staff received updates from the management in the home. Staff we spoke with told us they were updated informally each day by the manager but no 'formal staff meetings' were undertaken in the home. We saw no documentation to confirm any updates or staff meetings had taken place which would include evidence of attendees along with the topics discussed. Systems and processes to ensure staff received formal and regular and up to date team meetings required improvement.

There were policies in place to guide staff on the procedure for staff supervisions. We saw evidence of a completed supervision in only one of the three staff files we looked at; and this was dated seven months prior to our inspection. We asked staff whether supervisions were being completed regularly by the management in the home. One staff member we spoke with told us supervisions were taking place. However another staff member told us supervisions were not happening 'any more', but said that the registered manager discussed things informally with them. Systems to ensure staff were provided with formal, effective and recorded supervisions required improvement.

The provider's statement of purpose recorded a commitment to install and operate effective quality assurance and monitoring. We looked at the audits file and saw evidence of some audits taking place, for example an accident audit along with dignity in care, medicines and health and safety. However we noted that they had not been completed recently and three of the audits were incomplete and lacked analysis or actions taken as a result of the evidence identified. For example there was a, 'Six monthly audit overview which had been completed in March 2016 however there were gaps seen in the audit undertaken and where evidence of actions required was noted no action had been recorded on the document. There was also an audit relating to infection control which was dated December 2014 was blank and, analysis of a falls records contained no details of the immediate or appropriate actions taken as a result of the falls and the date for this record was 2011.

There was an emergency contingency plan to guide staff in the event of an emergency however we saw this was dated 2009, had not been completed in full and was not up to date. For example records there had been no fire drill for two years and emergency lighting and fire alarm test checks had not been completed for four months. Systems to confirm management oversight of relevant checks for people who used the service were incomplete. For example we saw weights had been recorded for a number of people who used the service however not all people had evidence their weights had been obtained regularly over a three month period or any record to confirm any actions taken as a result of any weight loss this was despite a number of entries

that identified a loss of weight for seven people who used the service.

We looked at the accident reporting file and saw evidence of completed reports however the latest date seen was in June. Staff told us accident reporting had been completed recently but these had not yet been filed away and were securely stored by the registered manager.

There was little evidence to confirm the provider had established systems and processes that were operated effectively in the home. This was a breach of regulation 17 the Health and Social Care Act 2008 Regulations 2014 Good governance.

This section is primarily information for the provider

## Action we have told the provider to take

The table below shows where regulations were not being met and we have asked the provider to send us a report that says what action they are going to take. We will check that this action is taken by the provider.

Regulated activity	Regulation
Accommodation for persons who require nursing or personal care	<p>Regulation 9 HSCA RA Regulations 2014 Person-centred care</p> <p>The provider failed to ensure the care and treatment was appropriate met their needs and reflected their preferences.</p> <p>9. - (1)(a)(b)(c)</p>
Accommodation for persons who require nursing or personal care	<p>Regulation 12 HSCA RA Regulations 2014 Safe care and treatment</p> <p>The provider failed to ensure appropriate assessment of risks were in place to protect people in the event of an emergency.</p> <p>The provider failed to ensure medicines were managed safely.</p> <p>The provider failed to assess and manage the risk associated with infection.</p> <p>12.- (2) (a)(b)(g)(h)</p>
Accommodation for persons who require nursing or personal care	<p>Regulation 17 HSCA RA Regulations 2014 Good governance</p> <p>The provider failed to ensure accurate and complete records were in place.</p> <p>The provider failed to ensure systems of processes were established and operated effectively.</p>

17.- (1)(2)(a)(b)(c)(f)

**Regulated activity**

Accommodation for persons who require nursing or personal care

**Regulation**

Regulation 19 HSCA RA Regulations 2014 Fit and proper persons employed

The provider failed to ensure recruitment procedures were operated effectively.

19. – (2)(a)

**Regulated activity**

Accommodation for persons who require nursing or personal care

**Regulation**

Regulation 18 HSCA RA Regulations 2014 Staffing

The provider failed to ensure staff received appropriate support and training to enable them to carry on their duties.

18.- (2)(a)