# Mrs Margaret Yvonne Wrigley

# Ismeer

## 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? | **Good** |

## Overall summary

This inspection took place on 28 and 29 October 2014 and was unannounced.

Ismeer is a care home for up to 27 people who require accommodation and personal care. At the time of the inspection there were 25 people living at Ismeer. All of the people who lived at the home were older people. The majority of people had some form of dementia. Some people had physical or sensory disabilities.

There was a registered manager in post at Ismeer. A registered manager is a person who has registered with the Care Quality Commission to manage the service and has the legal responsibility for meeting the requirements of the law; as does the provider.

Recruitment processes required improvement to ensure all the required background checks on new staff members were consistently applied. For example, staff

# Summary of findings

who had recently been employed did not always have references from their last employer. The lack of robust recruitment procedures meant there was a risk people were cared for by unsuitable staff.

We inspected Ismeer over two days. We saw people were happy living at Ismeer. The atmosphere was friendly and relaxed and we observed staff and people enjoying each other's company. One person told us "I feel well looked after and I have no concerns about anything." People told us friends and relatives regularly visited them.

On both days of the inspection we saw people looked well cared for and their needs were met promptly and to a good standard. People and their relatives were complimentary about the care they received from staff. For example one person told us: "All the staff are very caring." However some people said the home was occasionally short staffed and communication could be a problem. For example management or staff were sometimes slow getting back to people or their relatives if a request was made.

People told us they felt safe. One person told us; "I feel very safe.....I can talk to any of the staff, I'm not afraid to talk to any of them." We found the service was meeting the requirements of the Deprivation of Liberties Safeguards.

Staff working at Ismeer understood people's needs and we saw that care was provided with kindness and compassion. People and their families told us they were happy with their care. People said they felt they were treated with dignity and respect. A relative told us; "There is a nice atmosphere in the home, the staff are always jolly and happy."

Staff were mostly trained and skilled and provided care in a safe environment. They received a suitable induction when they started work at the home and fully understood their roles and responsibilities. However some of the staff, who had commenced employment in the last year still needed to complete some training, for example on food hygiene.

People living at Ismeer were supported to live their lives in the way they chose. People's preferences in how they wanted to spend their day were sought, listened to and respected. People told us they could take part in activities both in and outside of the home.

Care plans contained suitable information and were regularly updated and reviewed to reflect people's changing needs. People and their families were encouraged to be involved in the planning and review of their care.

The premises were safe, well maintained and comfortable. There were appropriate spaces so people could spend time taking part in activities, mixing with each other socially, or spending time on their own.

We found there were positive relationships between staff and management. One staff member told us, "We are a good strong team, everyone will help out." Everyone who worked at Ismeer who we spoke with demonstrated compassion and respect for the people they supported.

The registered manager assessed and monitored the quality of care consistently. The home encouraged feedback from people and families, which they used to make improvements to the service.

We identified a breach 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.

# 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 always safe. Recruitment procedures designed to keep people safe had not always been followed. The meant there was a risk of people being cared for by unsuitable staff.

Some people and their relatives said at times the home could be short staffed due to sickness or staff vacancies.

However, people told us they felt safe, as did relatives and staff. Systems were in place to help minimise the risk of abuse.

**Is the service effective?**

Requires Improvement

The service was not always effective. Although the registered manager displayed an understanding of the requirements of the Mental Capacity Act (2005), it was not consistently used.

People received care from staff who were trained to meet their individual needs although we did note some staff required further formal training.

Staff could access appropriate health, social and medical support when this was required.

**Is the service caring?**

Good

The service was caring. Staff were kind and compassionate. We observed people being treated with dignity and respect.

People looked well cared for and staff took suitable action to meet people's needs in a timely fashion.

**Is the service responsive?**

Requires Improvement

The service was not always responsive. Peoples care plans generally reflected their needs but there was a lack of detailed planning about peoples dementia care needs.

There was a range of activities for people to participate in if they wished but some were not accessible to everyone at the home.

People felt any complaints would be responded to appropriately.

**Is the service well-led?**

Good

The service was well-led. Staff said they felt well supported and said they could share any concerns about the care provided at the home.

Managers monitored accidents and incidents.

There was a system of audit and regular surveys in place to monitor the quality of service, and to assist with the process of improvement. However these audits had not identified the concerns we found during the inspection.

# Ismeer

**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 checked 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 visited Ismeer on 28 and 29 October 2014. The inspection was carried out by one inspector and an expert by experience. An expert by experience is a person who has personal experience of using or caring for someone who uses this type of care service. Their area of expertise was in older people's care.

The inspection was unannounced. We reviewed the Provider Information Return (PIR) and previous inspection reports before the inspection. The PIR is a form that asks the provider to give some key information about the service, what the service does well and improvements they plan to make. This enabled us to ensure we were addressing potential areas of concern. We also reviewed the information we held about the home and notifications we had received. A notification is information about important events which the service is required to send us by law.

At our last inspection on 17 December 2014, we did not identify any concerns with the care provided to people who lived at the home.

We spoke with eleven people who used the service and two visiting relatives. We also spoke with the registered manager, the provider, and four other members of staff. Before and after the inspection we contacted external professionals and four other relatives to ascertain their views of the service. We inspected the premises and observed care practices on both days of our visit. We looked at six records which related to people's individual care. We also looked at seven staff files and records in relation to the running of the home.

We used the Short Observational Framework for Inspection (SOFI) over the lunch time period of the second day of the inspection. SOFI is a specific way of observing care to help us understand the experience of people who could not talk with us.

Requires Improvement

# Is the service safe?

## Our findings

During the inspection we were concerned recruitment procedures, which were designed to keep people safe, were not consistently followed. For example we found two staff, who started working at Ismeer in May 2013, did not have references from their most recent previous employer, and one of these staff did not have any references on file. This meant the service could not be confident the staff they employed were suitable to work with vulnerable people. This is a breach of Regulation 21, of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2010.

Most people and their relatives said they felt there were enough staff to meet people's needs.

We judged there were generally sufficient numbers of staff to meet the needs of the people living at Ismeer at the time of the inspection. Staffing rotas showed there were six staff members on duty in the morning, five staff members from 2pm until 4:30pm, and then three staff members until 9pm. There were two awake staff on duty throughout the night until 8am. However we did receive some negative comments regarding staffing levels. One relative said; "In the day time there are enough staff, but it can be only two people (if there is sickness) in the evening and at night, and that must be very difficult," and "Mum's bath day is Monday but sometimes it is missed on account of shortage of staff." An external professional stated; "They appear to be regularly understaffed." Staff told us there were; "usually" sufficient staff on duty. Some staff members said if colleagues were sick and cover could not be arranged this could create difficulties. For example one staff member said; "Most of the time there is enough staff, but sometimes it can be 'up and down', due to turnover or sickness. However we are a good strong team and everyone helps out." On the day of the inspection we saw there were enough staff around, nobody was neglected, and the staff on duty were attentive and caring. People told us that staff understood how they needed support and this was provided promptly. For example people told us call bells were answered promptly.

People who lived at Ismeer told us they felt safe. Comments we received from people included; "It is very good" and "I feel well looked after and I have no concerns about anything," and, "I feel very safe, I can call for a carer if I need something, they arrive very quickly. I can talk to any of the staff, I'm not afraid to talk to any of them." We spoke with four relatives who told us; "All the staff are very caring," "there is a nice atmosphere in the home, the staff are always jolly and happy," and "their carers' are fab, they are all very caring."

Staff had access to policies and procedures about safeguarding and whistleblowing to help them identify abuse when it occurred and respond appropriately. The policies were comprehensive and up to date.

Staff had received safeguarding adults training. They told us if they had any concerns about suspected abuse they would report these, and they were confident management would act upon their concerns. Staff were also aware they could contact outside agencies such as the local authority or the police if they felt their concerns were not being taken seriously. Since the last inspection we had no record that any concerns had been raised with the provider or reported to the local authority.

Care records contained risk assessments which were reviewed regularly. Where people were at risk of falls and /or pressure sores, the information was detailed enough to enable staff to reduce these risks. During our visit we observed care staff supporting people appropriately to move around in the home. This sometimes involved assisting people to get up or sit down by using handling belts or stand aids. However we did note some people did not have foot rests on their wheelchairs and one person did not have a lap strap on their wheel chair. The registered manager said she would check all the wheelchairs and take suitable action to minimise any risks.

Medicines were stored and administered safely. Staff were aware of what medicines people needed to take and when. Nobody administered their own medicines. Medicine Administration Records (MAR) were on the whole completed correctly, although we found one incident where a dosage of medicine was not administered although it was signed as given. In other instances where medicine was not administered a record was made on the back of the Medicine Administration Record. Training records showed that staff who administered medicine had received suitable training.

The home was clean and well maintained. The boiler, electrical systems, gas appliances and water supply had been tested to ensure they were safe to use. Records showed stair lifts, and all manual handling equipment had been serviced. There was a system of health and safety risk

Requires Improvement

# Is the service safe?

assessment which was annually reviewed. There was a policy and system in place to minimise the risk of Legionnaires' disease. There were smoke detectors and fire extinguishers on each floor. Fire alarms and evacuation procedures were checked by staff, the fire authority and external contractors to ensure they worked. There was a record that showed fire drills regularly occurred.

Requires Improvement

# Is the service effective?

## Our findings

We observed the support people received during lunchtime. Food was well presented and nutritious. Staff were attentive, asking if people wanted more and assisting people to eat if necessary. We saw people talking with each other, and with staff. We saw that the mealtime was an unrushed and social occasion. However we observed everyone had to wait up to twenty minutes before their meals were served, with those who required help with eating having to wait longer. Some people did not have their main meal plates removed prior to their sweet being served.

All the people we spoke with said they enjoyed the food at Ismeer. People told us there was a choice; for example each morning a member of staff would tell people the options available for lunch. In the afternoon staff asked what people wanted for their evening tea. People said; "We have a choice of two main options, plus there is always soup or a jacket potato if we prefer. We have nice lunches." Relatives were also positive about meals, although we did receive two comments that jugs of water or juice that were left with people were not filled up regularly. One medical professional commented to us, "I am always impressed by the standard of food."

We discussed the requirements of the Mental Capacity Act (2005) and associated Deprivation of Liberty Safeguards (DoLs) with the registered manager. The manager demonstrated an understanding and knowledge of the requirements of the legislation. The MCA provides a legal framework for acting, and making decisions, on behalf of individuals who lack the mental capacity to make particular decisions for themselves. The legislation states it should be assumed that an adult has full capacity to make a decision for themselves unless it can be shown that they have an impairment that affects their decision making. DoLS provides a process by which a person can be deprived of their liberty when they do not have the capacity to make certain decisions and there is no other way to look after the person safely. The provider and registered manager were aware of recent changes to the legislation following a recent court ruling. This ruling widened the criteria for where someone may be considered to be deprived of their liberty. We found the service to be meeting the requirements of the Deprivation of Liberty Safeguards. The registered manager had submitted three Deprivation of Liberty Safeguards' applications as required and was waiting for the Deprivation of Liberty Safeguards' team to undertake their own assessment. Records showed most staff had received training regarding the Mental Capacity Act (2005) and associated Deprivation of Liberty Safeguards, although some staff did need to attend this training. We found the front door was locked from the inside. This was done to prevent some people, who were confused, from leaving the home and being at risk. However it was not easy, for anyone who was not at risk, to leave the home without asking a member of staff to unlock this door.

People told us they could see a doctor when necessary. Other health care professionals such as dentists, chiropodists, opticians, and district nurses visited. A record of appointments was kept in each person's file. One relative expressed a concern that a dental appointment had not been arranged in a timely manner, and was following this matter up with the home's management. We contacted several health professionals regarding views of the home. We were told; "The staff seem very caring and competent," "staff are quick to advise me of anything untoward…I have good communication with the manager and her staff." However one professional did tell us, "They seem open to ideas and suggestions however I cannot be 100% sure that suggestions are adhered to…although on the whole I have been satisfied with what I have seen in the home."

We were provided with a summary of what training the staff team had received. This outlined training that the home stated was mandatory for staff to complete such as manual handling, food hygiene, infection control, safeguarding, medication and first aid training. Other training was also provided to assist staff to understand people's specific needs, such as care for people with dementia, or diabetes and awareness of the needs of people who had suffered a stroke. A number of staff had completed National Vocational Qualifications in the delivery of care. We noted the training summary was not up to date. We found that three staff, who had started working at the home since May 2013, needed to complete some training such as dementia awareness or food hygiene. Staff had received training regarding the Mental Capacity Act. The staff we spoke with understood the general principles of mental capacity, and they all said they tried to minimise restrictions, and ensure choices were available to people.

Requires Improvement

# Is the service effective?

People said they received effective care from staff who understood their needs and provided them with choice. For example we were told; “Nobody puts me to bed and I get up when I want,” and “We are all treated well, you don’t feel restricted, you can do what you like.”

There were several areas where people could sit if they wanted to be quiet, watch television, or mix with others. Most people spent their time in the main lounge, which was divided into three areas, although some people chose to spend time in the dining room or individual bedrooms. The building was well decorated and furnished and suitably adapted for people with a physical disability. For example the home had stair lifts where there were steps. There were assisted baths, and toilet seats were raised. There were grab and hand rails around the home.

A completed checklist on staff files, and discussions with staff, confirmed staff received an induction when they commenced employment. Staff told us a senior member of staff explained the required working practices, policies and procedures when they started working at the home. Shadow shifts were also completed with a more experienced member of staff. This enabled them to get to know people and learn how best to support them before beginning to work alone. This helped staff to meet people’s needs in a consistent manner.

Staff told us they received supervision approximately every two months. Staff files contained a record of people’s recent supervisions. Staff told us they found their managers supportive and approachable and said they could contribute ideas to help the running of the home.

Good

# Is the service caring?

## Our findings

People said they were supported by kind and caring staff. For example people told us; “We all get on well together. I feel like I am in my own home.” “You could not have better staff. All the staff treat us with respect.” “The staff sit down and talk to me. I have never had cause to complain.” A relative told us; “All the staff are very caring.” Another commented; “There is a nice atmosphere, not like an institution. Compared to others it feels like home….it caters for the individual.”

Staff were attentive and prompt to respond to people’s needs. We saw a person who needed assistance with personal care was spoken with by a staff member quietly and politely. They gave the person discreet assistance in a kind and compassionate manner. We also observed staff assisting people to have their meal, without any rush and with a caring approach.

People told us staff maintained and promoted their privacy and dignity. For example we were told staff always knocked on bedroom doors before entering and provided care in an unrushed manner. We noted staff did not speak about a person in front of others which showed they were aware of the need for confidentiality. Staff we spoke with said they had no concerns about colleagues practice. For example one member of staff said; “The residents always come first.”

People were encouraged to make choices how they spent their time. One person told us “You can do what you like.” Everyone said they could get up and go to bed at a time which suited them. We observed an unrushed and relaxed atmosphere both mornings during the inspection. For example we saw some people still having breakfast in the latter part of the morning as they had chosen to have a late start. At lunchtime we saw staff encouraging people to make choices about whether they wanted their meal in the lounge or in the dining room, if they wanted a drink with their meal, or what they wanted for their sweet. We saw notes from ‘resident meetings’ which had occurred three times in the last year. People said they were consulted about a range of issues for example trips people would like to undertake, and also about revisions to the menu.

The registered manager said care plans were drawn up, when possible, with people and / or their relatives. A full care review took place on an annual basis, or sooner for example if there were major changes in someone’s needs. Some care plans had personal histories which contained information about the person’s life when they were younger, their likes and dislikes, and their current family life. The registered manager told us relatives were assisting the staff to develop this information for all people, and they were keen to develop people’s written histories further. This information would help staff to get to know the person’s background and gain an understanding of who they were today.

People we saw throughout the inspection were well dressed and looked physically well cared for. Relatives were positive about personal care people received although one relative said they had raised a concern in the past, but; “It has noticeably got better in the last few months.”

The main lounge had been decorated for Halloween. The staff had put a lot of time and thought into this. We saw one of the activities staff assisting people to make decorations for a party which had been planned.

Requires Improvement

# Is the service responsive?

## Our findings

Care records contained suitable information about people's care. For example there was information on mobility, eating and drinking, activities and support required at night. Daily records were detailed. Care plans were reviewed on a monthly basis which meant the information was up to date and reflected people's changing needs and level of support required. For some people with dementia, there was limited information about how this impacted on their lives, such as whether caused them distress. This information would be of assistance to staff to help enable them to respond to people and provide appropriate reassurance consistently.

There were copies of pre admission assessments in each person's care file. These were completed by senior staff and helped them to assess whether the service could meet person's needs and expectations before they went to live at Ismeer.

We received conflicting information regarding whether staff had enough time to talk with people. On the days of the inspection, particularly in the afternoons, we saw staff spending significant periods of time with people. Some people told us staff had time to sit and talk while others said there were not enough staff to frequently do this. Some staff said the situation depended on whether there were vacancies, or staff sickness.

Relatives told us they felt welcomed to the home, they would visit the home at different times of the day, and the atmosphere was consistently good. Some relatives said communication could sometimes be a problem. One relative said communication could be a bit "hit and miss," for example some staff would answer a query or get back to them whereas others did not. There was a similar mixed response regarding whether information which was deemed as important was quickly passed on to families such as if a person had a fall or needed to see a doctor.

We observed people participating in several group activities throughout the inspection. For example we saw people making decorations for a Halloween party, participating in other arts and crafts, playing a memory game and bingo. The registered manager told us there was usually at trip out once a week although this was cancelled on the day of the inspection due to poor weather. Previous trips had included 'mystery drives', and a visit to a nearby donkey sanctuary. One person said they could not go on the trips, as the minibus, hired from the village community transport trust, could not take wheelchairs.

The registered manager said two part time activities co-ordinators were employed to organise activities five days a week. Other staff also got involved in some activities for example facilitating board games, sing songs, knitting, baking and bingo. An external professional commented; "Staff are often engaging in various activities with the residents….the hairdresser is in regular attendance." People told us ministers from the Church of England and Methodist Chapel visited the home.

People told us the service was responsive to people's needs. They said some activities were available and care was delivered in a manner which suited people individually. Comments included; "I like to make my own decisions….I can choose if I want to join in activities or go to my room and read, " and "Last Friday I made cupcakes. I enjoyed doing that."

People living at Ismeer had call bells in their rooms and in the communal areas and staff responded to these quickly. This showed people were able to summon staff for assistance at all times and wherever they were.

We saw the home's complaints procedure which provided people with information on how to make a complaint. The policy outlined the timescales within which complaints would be acknowledged, investigated and responded to. It also included contact details for the Care Quality Commission, the local authority, the police and the ombudsman so people were able to take their grievance further if they wished. People and their relatives all said they knew how to make a complaint. People said they could speak to the care staff, senior care staff or ask to see the manager and they had confidence complaints would be responded to appropriately. No-one we spoke with had made a complaint, however there were records on file where we judged the manager had taken satisfactory action regarding complaints which had been made.

Good

# Is the service well-led?

## Our findings

People and staff had confidence in management and senior staff at the service. The service had a registered manager who had registered with the Care Quality Commission in December 2010. One person said; "We have good bosses here." Staff we spoke with were positive about the approaches of the management in the home. A relative said managers had; "..their heart in the right place…they are caring but professional," although another relative said managers were "difficult to locate, but they will sort things out." The registered manager said she tried to spend time with people, and their relatives. During the inspection we saw the manager spending time with people, and supporting people during the meal time.

The registered manager monitored the quality of the service by completing regular audits, such as, medicines management, care records and training. An annual self-assessment was completed based upon the previous Care Quality Commission 'Essential Standards of Quality and Safety.' It was a concern the training summary was not up to date, and systems had failed to detect the shortfalls in staff recruitment practices outlined earlier in this report.

Surveys to gather the views of people, their relatives, and staff who worked in the home had been completed and responses were positive. There was a file containing complements received from relatives of people in the home.

The registered manager arranged staff and resident meetings to assist with the process of communication and improvement within the service. Staff told us staff meetings were an opportunity to share information and ideas. There was a system of regular staff supervision to give feedback on performance and identify and plan any areas for professional development.

Staff said there was a positive culture in the home. One member of staff said; "Team work is good, we are not ignored, our suggestions are listened to and put forward. We have regular staff meetings. There are no bad feelings, we all pull together." Another said; "We are a good strong team, everyone will help out." Records showed, since May 2014, there had been three staff meetings.

The registered manager had links with other professionals. We saw records of how other professionals had been involved with people's care. We received positive feedback from external professionals such as a general practitioner and community nurse.

Records showed that staff recorded accidents that happened at the home. The registered manager used this information to monitor and investigate accidents and take the appropriate action to reduce the risk of them happening again.

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 21 HSCA 2008 (Regulated Activities) Regulations 2010 Requirements relating to workers<br><br>The registered person did not have suitable arrangements in place to ensure that persons employed for the purposes of carrying out the regulated activity were of good character or suitably experienced. Regulation 21 (a)(i)(ii) |