Vivacare Limited

# Tremanse House Care Home

## Inspection report

Tremanse Care Home
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Tel: 0120874717

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## Ratings

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|---|---|
| Overall rating for this service | Requires Improvement |

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|---|---|
| Is the service safe? | Requires Improvement |
| Is the service effective? | Good |
| Is the service caring? | Requires Improvement |
| Is the service responsive? | Good |
| Is the service well-led? | Requires Improvement |

# Summary of findings

## Overall summary

We inspected on 4 April and 9 April 2018. The inspection was unannounced. At the last inspection, in April 2017, the service was rated Good. At this inspection we have rated the service as 'Requires Improvement.' This was because we had concerns about some attitudes of staff, staffing levels, health and safety precautions, and quality assurance systems.

Tremanse is a 'care home'. This is a service for people who have mental health needs, and who were primarily under 65 years old at the time of the inspection. People in care homes receive accommodation and nursing or personal care as single package under one contractual agreement. CQC regulates both the premises and the care provided, and both were looked at during this inspection. Tremanse accommodates 23 people: 17 people in the main building, and five people in an adjacent building. The main building consisted of a shared house and a self contained flat for one person. The adjacent building known as the 'annexe' had been commissioned for approximately one year. The objective was this would provide more independent living accommodation for people who could live more independently. At the time of the inspection, there were 16 people who lived at the service.

The service did not have a registered manager. A registered manager is a person who has registered with the Care Quality Commission to manage the service. Like registered providers, they are 'registered persons'. Registered persons have legal responsibility for meeting the requirements in the Health and Social Care Act 2008 and associated Regulations about how the service is run. The previous registered manager has left the service, and although CQC has informed the registered provider that the person needs to cancel their registration, this has not been done. A new manager has been recently employed and an application has been submitted for the person to be registered.

The service had satisfactory safeguarding policies and procedures. Staff were trained to recognise abuse, and what to do if they suspected abuse was occurring. Suitable risk assessment procedures were in place, and risk assessments were regularly reviewed.

We were concerned that health and safety checks on the premises and other equipment were not always carried out appropriately. For example, we had concerns about checks on fire equipment, and procedures to minimise the risk of legionnaires disease.

We were also concerned there was not always enough staff on duty to meet people's needs. Some people needed significant support with personal care, and with observation or help outside the home. The service was funded to provide this support but it was difficult to see how suitable support was being provided with the staffing levels currently provided.

Recruitment checks for new staff were satisfactory. Staff said they received satisfactory support when they started their roles, but there was no evidence staff received opportunity to undertake the Care Certificate. Generally staff were provided with adequate training opportunities, but not all staff had completed the

training which was required of them. There was a supervision and appraisal system in place but records did not always demonstrate staff received this support.

Medicines procedures were satisfactory, and the medicines system worked well. However, although we were told staff received formal training and competency checks regarding their ability to administer medicines, there was limited evidence this had taken place.

The service was clean, and there were suitable procedures to minimise the risk of infection.

There were satisfactory procedures to assess people to check they were suitable to live at the service and they wanted to do so. Subsequently staff developed comprehensive care plans for people and these were regularly reviewed.

People were happy with the food they were provided with and there was some choice of food available. Where necessary people were provided with suitable support if they needed help with eating.

People received suitable support with their health care. However, records to demonstrate people received suitable checks for example going to the dentist or optician were limited.

Where people lacked capacity to make decisions for themselves, suitable systems were in place to meet legal requirements and ensure people's rights were protected.

Although we did receive positive support about staff attitudes, we received several reports that staff were not always respectful towards people and worked with them in a supportive manner. We did also receive mixed reports from external professionals about staff approaches. Where people required help with personal care, staff provided this support discreetly and professionally. Staff worked with people, to some extent, to maximise people's independence, although there was significant further scope to support people in a manner which helped them to improve their skills so they did not have to rely on staff.

Some activities were available for people although there were no designated staff to provide this support, and we were told activities could be cancelled if there were staff shortages or the service was especially busy.

The service had a complaints procedure. People said they would approach staff or management if they had a concern.

The manager of the service had recently been appointed and had submitted an application to be registered with CQC. The manager was viewed positively by the people who used the service, staff and professionals who we contacted.

The staff team said they worked well together. External professionals generally were positive about how the team worked with people who used the service, and were viewed as caring.

Quality assurance processes were not sufficient to adequately pick up and address shortfalls in service provision.

We found breaches of the Health and Social Care Act 2008 (Regulated Activities) 2014. You can see the action we have told the provider to take at the end of this report.

## 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

Health and safety checks on the building and equipment were not always satisfactory so people could not be assured they lived in a safe building.

Staffing levels were not always satisfactory so people could not be assured they would receive appropriate and timely support.

There were suitable procedures to ensure people received their medicines safely and on time.

### Is the service effective?

**Good**

The service was effective.

People received suitable support with their health care needs although record keeping in this area could be improved to demonstrate the support people received.

Staff received an induction when they started to work at the service but we recommend all staff new to the care industry complete the  care certificate.

People were happy with the food and received suitable support with eating and drinking where this was necessary.

Where people lacked capacity to make decisions for themselves, suitable systems were in place to meet legal requirements and ensure people's rights were protected

### Is the service caring?

**Requires Improvement**

The service was not always caring.

Staff attitudes did not always respect people's dignity.

People were involved in making decisions for themselves although there was further scope to maximise people's independence.

## Is the service responsive?

Good

The service was responsive.

Each person had a care plan and these were regularly reviewed.

Some activities were available, but whether these occurred was very dependent on staff availability.

There was a complaints procedure. People said they would approach staff or management if they had a concern.

## Is the service well-led?

Requires Improvement

The service was not always well led

The service currently did not have a registered manager, although the new manager had put in an application to be registered with CQC.

The staff team were generally viewed, by external professionals, as supportive of people who used the service.

Quality assurance processes were not sufficient to adequately pick up and address shortfalls in service provision.

# Tremanse House 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 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.

This inspection took place on 4 and 9 April 2018 and was unannounced. The inspection team consisted of a lead 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.

Before the inspection we reviewed information we kept about the service and previous inspection reports. This included notifications of incidents. A notification is information about important events which the service is required to send us by law. This enabled us to ensure we were addressing potential areas of concern. We also emailed professionals involved with people who used the service to find out what they thought of it.

During the inspection we used a range of methods to help us make our judgements. This included talking to people using the service, interviewing staff, pathway tracking (reading people's care plans, and other records kept about them), and reviewed other records about how the service was managed.

We looked at a range of records including four care plans, records about the operation of the medicines system, seven personnel files, and other records about the management of the service.

Before, during and after the inspection we communicated with seven external professionals including specialist nurses, GP's and social workers. During the inspection we spoke with six people who used the service. We also spoke with two members of staff, the operational manager, the administrator, and the manager of the service.

Requires Improvement

# Is the service safe?

## Our findings

The service had a satisfactory safeguarding adult's policy. The majority of the staff had received training in safeguarding adults. The manager said safeguarding processes were discussed with staff at team meetings and in supervision sessions. Staff demonstrated they understood how to safeguard people against abuse. Staff told us they thought any allegations they reported would be fully investigated and satisfactory action taken to ensure people were safe. Where necessary the registered provider had submitted safeguarding referrals to the local authority where they felt there was a risk of abuse. However, one external professional said: "There were incidents where safe-guarding procedures should have been initiated by Tremanse staff, but were only completed following prompting from (professional team)."

Risk assessments were in place for each person. For example, to prevent poor nutrition, deteriortating mental health, and hydration and falls. Risk assessments were reviewed monthly and updated as necessary. Health and safety risk assessments were completed for all areas of the building, as well as tasks which may present a risk. The staff team also took appropriate and calculated risks to support people to live more independently and learn new skills. Although there was significant scope to increase people's skills for example to assist in maintaining the house, cook, shop and generally be more independent.

The manager said the majority of people who lived at the service had capacity, but the service minimised restrictions where possible. The front door was unlocked. For example, if people were physically and mentally able, they could walk around the building, spend time in their bedrooms and were encouraged to make a range of choices such as what to wear, what to eat and how to spend their time. Many of the people went into the town on their own, and some used public transport. The registered manager said where people had limited, or lacked capacity,staff supported them to maximise choice and independence.

Records were stored securely in the office. Records we inspected were up to date, and were accurate and complete. All care staff had access to care records so they could be aware of people's needs.

The manager said there were formal handovers between each shift. These enabled staff to share information and concerns about the care of people. There were also staff meetings to ensure important information was discussed. Handovers were recorded and handover sheets we inspected were detailed.

The service had a whistleblowing policy so if staff had concerns they could report these without feeling they would be subject to subsequent unreasonable action for making valid criticisms of the service.

Equipment owned or used by the registered provider, such as specialist beds, hoists and stand aids, were suitably maintained. Systems were in place to ensure equipment was regularly serviced, and repaired as necessary.

We were concerned that health and safety checks of the premises and other equipment were not always carried out appropriately. For example we inspected fire equipment records. These showed that fire call points, fire doors, emergency lighting had not been tested by staff since either November 2017 or January

2018. There was not a separate file for the main house or the adjacent building so it was not always clear if checks were completed throughout the whole service. For example it was not clear if the fire precautions in the flat were regularly checked as there was not an individual record. The service had a fire risk assessment.

We were told the boiler and heating had recently been replaced, but records were not available on the days of the inspection to confirm the system had been safely commissioned. After the inspection we did receive some information. This stated remedial action was required, but no evidence was provided this had been completed. For both buildings we were not provided with records that heating and cooking appliances were safe and had been serviced. We saw a certificate to state portable electrical appliances had been tested, but the document did not differentiate between appliances in the main building, the flat or the annexe. After the inspection we received information that electrical circuits in both properties had been checked, but both circuits were judged as 'Unsatisfactory.' Insufficient information was provided to state remedial work had been completed to make safe the issues highlighted by the initial electrician's report. There was a risk assessment and a system in place to test for the risk of legionella. However again, it was not clear if this was for both properties. Any tests had not been completed since October 2017. There was a system of health and safety risk assessment in place. An external health and safety consultant had completed an audit. There was no record to demonstrate recommendations from the report had been actioned.

This is a breach of regulation 15 of the Health and Social Care Act 2008 (Regulated Activities) Regulation 2010.

Any behaviours which the service found challenging was recorded in individuals' care plans. Staff recorded all incidents that occur and these are reviewed by senior staff. This helped staff to understand the behaviour, and where possible minimise it happening. The majority (but not all) staff were trained in dealing with behaviour which was seen as challenging.

In regard to staffing levels, on the first day of the inspection there were three care staff on duty from 7:45am until 8pm (including one senior), and the manager. Overnight there was two staff on waking night duty. The service also employed cleaning, kitchen, maintenance and administrative staff to help ensure the service ran effectively.

We did have some concerns about whether the staffing levels were satisfactory. Tremanse was made up of two building. The main building was large, and had several corridors. The annexe was not attached to the main house, and it was not possible to hear any activity within it from the main building.

At least one person was funded for two staff to take them out, and also for one to one support at some other times. Another person also was not able to walk and needed two staff to assist them with a hoist. Again it was not clear how staff could provide suitable support to care for this person, who at times had significant personal care needs, when there were only a maximum of three members of staff on duty. We were also told it could be very difficult for staff to facilitate activities for people with the current staffing. We witnessed one person asking if they could be accompanied to go into town, and the staff member said this was not possible as all the staff were "Busy," and the person would have to ask tomorrow. It was particularly concerning that the scope to provide people with such support was not possible, even though the service had only 16 people living there, and subsequently staff would be even more constrained to provide such support when the service had full occupancy.

This is a breach of regulation 18 of the Health and Social Care Act 2008 (Regulated Activities) Regulation 2010.

The registered provider ensured staff on duty had a suitable mix of skills, experience and knowledge. Any new and inexperienced care staff were always shadowed by experienced staff. All staff were provided with suitable training for example in moving and handling.

We raised a concern with management that some of the staff were referred to as 'nurses', or 'clinical staff.' Irrespective of the qualifications of individual personnel, Tremanse is not registered to provide nursing care, and to do so, would be a breach of the registered provider's current registration. The manager agreed in future staff would not be referred to as 'nursing' or 'clinical' staff.

The service had a suitable recruitment procedure. Recruitment checks were in place and demonstrated that people employed had satisfactory skills and knowledge needed to care for people. All staff files contained appropriate checks, such as two references and a Disclosure and Barring Service (DBS) check.

Most staff had a record they had received suitable training in infection control, fire safety, first aid and food hygene, although it was concerning that although there were no recently recruited staff, not all staff members had a record they had received this training.

The registered provider has a suitable policy regarding the operation of the medicines system based on current guidance such as issued by the Royal Pharmaceutical Society and NICE. All staff were responsible for the administration of medicines. These staff had received suitable training about the operation of the medicines' system. The manager said staff who administered medicines needed to be formally observed, and complete a competency assessment every six months. However, evidence these checks were completed was not always on personnel files we inspected.

Medicines were given to people at the correct times. Suitable administration records were kept. There were no gaps on medicine administration records. Suitable systems were in place for medicines which required additional security, although at the time of the inspection such medicines were not required. The service had suitable systems in place to order medicines, ensure they were stored securely in locked, purpose built cabinets, and where necessary disposed of safely. The manager said at the time of the inspection none of the people who used the service needed to have their medicines administered covertly. The service had suitable procedures about this. People's behaviour was not controlled by excessive or inappropriate medicines. Some people did have some prescribed medicines to help them manage distress or confusion, (for example as a consequence of mental health issues) but these medicines were prescribed and reviewed by external medical professionals). When this was prescribed to be given 'as required', rather than at specific times, guidance was in place when this should be given. People had suitable links with their GP's, consultant psychiatric nurses and medical consultants who prescribe and review people's medicines. Where necessary staff appropriately consulted with medical professionals to ensure types of medicines prescribed, and dosages were helping people with their health needs.

The service had suitable arrangements in place to ensure the premises were kept clean and hygienic. The service had suitable policies about infection control which reference national guidance. The registered persons understood who they needed to contact if they need advice or assistance with infection control issues. Cleaning staff were employed to carry out cleaning duties. Cleaning staff had clear routines to follow. People who used the service currently did not appear to have any role in helping keep the communal areas of the service clean. Staff received suitable training about infection control, and records showed all staff had received this. Staff understood the need to wear protective clothing such as aprons and gloves, where this was necessary. Suitable procedures were in place to ensure food preparation and storage meets national guidance. The local authority environmental health department had judged standards were to a high standard. There were suitable laundry facilities. People said the laundry service was good. People

themselves did not currently have any involvement in doing their own laundry.

The registered persons understand their responsibilities to raise concerns, record safety incidents, concerns and near misses, and report these internally and externally as necessary. Staff told us if they had concerns management would listen and take suitable action. The manager said if she had concerns about people's welfare she liaised with external professionals as necessary, and had submitted safeguarding referrals when she felt it was appropriate.

The service kept some monies on behalf of people. People received suitable assistance if they needed help purchasing items. Clear records were kept of expenditure and receipts were obtained for any expenditure. The manager had overall responsibility for checking monies held, and records kept were accurate. The registered persons did not act as appointee for any people who used the service, and staff did not have any access to people's financial accounts. Where appropriate some people managed their own money.

Good

# Is the service effective?

## Our findings

The service had suitable processes to holistically assess people's needs and choices. Before moving into the home the manager told us she went out to assess people to check the service could meet the person's needs. People, and/or their relatives, were also able to visit the service before admission. Copies of pre admission assessments on people's files were comprehensive, although there was not a copy of an assessment for one person, on their file, who had recently moved to the service. We were told the assessment had been completed but had not yet been filed. Assessments assisted staff to develop a care plan for the person so care was delivered in line with current legislation, standards and guidance.

Nobody we spoke with (for example people who used the service and staff) said they felt they had been subject to any discriminatory practice for example on the grounds of their gender, race, sexuality, disability or age. The registered persons' had an anti discrimination policy, but this currently only covered staff. The manager said this would be reviewed so it covered people who used the service.

The use of technology and equipment to assist with the delivery of effective care, and promote people's independence was limited. The people we spoke with said they did not have any concerns about staff responsiveness.

Staff have appropriate skills, knowledge and experience to deliver effective care and support. No new care staff had recently been employed at the service. The manager said when staff start working at the service they received a full induction. This involved spending time with a senior member of staff, and then shadowing more experienced staff to learn their roles. We spoke to one member of staff who said they had been shadowed by experienced staff before they worked on their own. The person said they were not aware of being offered to complete the Care Certificate. This is an identified set of national standards that health and social care workers should follow when starting work in care. All staff were required to complete the Care Certificate. We inspected training records and there was no evidence staff had completed the Care Certificate.

We subsequently recommend any new staff, particularly those who have not worked in the health and social care sector, complete the Care Certificate.

Staff told us they felt supported in their roles by colleagues and senior staff. There were some records of individual formal supervision with a manager. Supervision is a process where members of staff sit down with a supervisor to discuss their performance, any goals for the future, and training and development needs. However, records showed that staff members were not having regular one to one supervision meetings. For example, according to records we were provided with, the last recorded supervision meetings which some staff had were in the autumn and winter of 2017. There was a record that some staff had received an annual appraisal. However the staff we spoke with said they could approach senior staff for help and support if they had a problem. During the day, the rota showed the manager or a senior member of staff was on duty. Senior carers were also responsible for leading all shifts and ensuring the effective day to day management of the service, particularly if the manager was absent from the service.

The service had a two weekly menu. People did have some involvement in deciding what was on the menu, for example, through discussion at resident meetings. The manager told us that each day there was two choices of main meal, and if people did not like either of these options, staff would prepare something else.

At breakfast time people could have cereal and /or toast. We were told breakfast was available from 8am, but people currently had to ask staff if they wanted breakfast any earlier. People had their main meal at lunch time and a lighter tea in the evening. The manager said people could have snacks and drinks at other times during the day and evening. However, as the kitchen was locked people had to ask staff if they could prepare something for them. The service, at the main house, currently did not have any facilities where people could prepare snacks or light meals for themselves, and subsequently people remained dependent on staff for this type of support.

Before the inspection we received concerns that people had to have their evening tea at 4pm due to the cook going home at this time. We spoke to the manager and operations manager about this matter. We were told the cook did prepare evening tea for 4pm. We were told this was based on what people wanted. We were told however, that those people who did not want their tea at this time could ask staff to prepare some food for later. We were told food was also available throughout the evening so people did not have a long period between the late afternoon and the next morning before they could have any food. We were also told that fruit, biscuits and cakes were available to people at any time. Currently people who used the service were not allowed to use the kitchen on their own. There is no reason why this decision could not be reviewed as it is viewed positively that services such as this should work to enable people to develop skills to prepare food for themselves, and be more independent.

We observed one mealtime. People chose to eat either in the dining room or their bedrooms. The cook was not working on the day of the inspection, but a pre prepared cottage pie and vegetables was available. There did not appear to be an alternative, although one person had a sandwich, and another person a pasty. The food appeared hot, appetising and well presented. One person was served his meal, but got up from the table and decided they didn't want it. We were told that
the meal would be refrigerated and offered to be warmed up later in the day if wished. Other meals that were offered during the week were Chicken Curry with Rice, Sweet and Sour Pork, and Cheese and Ham Tagliatelle. People in the annexe had the use of a kitchen area to prepare food and drinks. A flask was available in the dining room to allow people to have a hot drink at any time during the day without having to ask staff to make it for them.

People said they liked the food. For example we were told: "The food is good, it's always tasty and hot," "The food is very good, we've got a very good chef," "The food is ok, that's about it," and "The lunch I had today was excellent."

We were told the majority of food was ordered on line and delivered although some people did assist with some of the shopping. There is no reason why further opportunity for people to be more involved in menu preparation and shopping could occur, and this would assist people to be more independent.

Currently there were no people who used the service who had specific cultural or religious preferences about the food they eat. The service had some people who were vegetarian.

Some people needed assistance with eating their meals. For example, if people were at risk of choking. Where necessary people had eating and drinking assessments in their files. Where a person was at risk of for example malnutrition, dehydration or choking suitable approaches were in place to minimise risks. For example, where necessary, detailed records were kept of what people ate or drank. Where necessary meals

were pureed or mashed. Where appropriate people had one to one support to eat their meals.

The manager said the service had established links with external professionals. Some concerns were expressed about support received from the mental health team for example people not being discharged appropriately from psychiatric hospital, or support people received, when their mental health deteriorated while at the service. The service worked closely with a wide range of professionals such as speech and language therapists, community psychiatric nurses, dentists, chiropodists social workers, opticians and general practitioners to ensure people lived comfortably at the service, and received suitable healthcare support.

The manager said relationships with local GP surgeries was satisfactory. The manager said where appropriate referrals were made for additional support from these professionals and others such as occupational therapists, and speech and language therapists. The manager said they felt referrals to external professionals were actioned in a timely manner, and there were no significant delays in people subsequently receiving support.

Staff ensured people's day to day health care needs were met. Some people had limited capacity, so if there was significant decisions needing to be made about people's health care needs such decisions were made in through the best interest process, and /or in liaison with the person's power of attorney (if the person had one).Records were kept of health care appointments, although records could be clearer so it is more straightforward to check when people last saw for example a dentist or an optician.

The building was suitably adapted to meet the needs of people living there. For example the ground floor was accessible to wheelchair users. The property was on a hill, so it was difficult for people with physical disabilities to use the front garden. Everybody had their own bedrooms. There was suitable shared space such as a lounge and a conservatory which people could use. People could receive visitors either in their bedrooms or one of the lounges. There was a walk in shower. The building was clean and reasonably well decorated. If people wanted to smoke they had to do this outside and there was no covered area where they could do this if it was raining.

The manager told us there had recently been significant maintenance work completed at the service. For example, there had been an new fire alarm system, new boilers, and carpets had been replaced. Further work was planned to decorate communal areas and people's bedrooms. We judged the buildings were satisfactorily maintained. However we reported, on the first day of the inspection, that a floor tile was very loose in one of the downstairs bathrooms. The manager said this would be repaired as it was recognise that it could result in someone slipping and injuring themselves. However, the tile had not been fixed down by the end of the inspection.

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 manager said some of the people accommodated did not have capacity. Where necessary applications

to deprive people of their liberty had been submitted. The manager said where DoLS applications had been approved suitable care plans had been put in place. Suitable documentation was on people's files.

The manager said staff had received training about the Mental Capacity Act 2005 and Deprivation of Liberty Safeguards. Records showed the majority of staff had received this training.

Requires Improvement

# Is the service caring?

## Our findings

We received mixed comments about the attitudes of staff. Although people told us they felt safe and free from any harm, three people told us of three separate instances of staff raising their voices, and of instances of one staff member occasionally losing their temper. People told us of several instances such as a person not wanting to do what the staff member asked and the staff member subsequently raising their voice and becoming bad tempered. Another member of staff
apparently shouted at a person for closing their room door too loudly. We were told "(Staff member ) sometimes shouts and loses (their) temper," and "One staff member gets bad tempered sometimes, but nothing too serious." We noted that the nominated individual and the operations manager were aware of the concerns, as people had raised them in a residents meeting in January 2018, and this was minuted.

We were concerned that we witnessed staff saying they could not provide people with particular assistance. We witnessed one member of staff stating they could not get somebody's cigarettes as they had to write daily records, and they would not put the records away just to assist the person. It was not clear why the records could not have been left out for the minute it would have taken to help the person. Similarly records could be written in the office, rather than the lounge, so people could get the help they needed, without confidentiality possibly being compromised. It also could be considered that it was not necessary for staff to look after the person's cigarettes, so they would learn to manage them themselves. The person was told the member of staff would be "Five minutes," but the person did not receive the assistance they asked for during the time we observed care in the lounge.

This is a breach of regulation 10 of the Health and Social Care Act 2008 (Regulated Activities) Regulation 2010.

However, we also received positive comments about staff attitudes such as: "It is the staff familiarity that makes me feel safe," and, "I feel safe because you can talk to the staff about anything, " "The staff are very kind and understanding," "I get on with the staff alright," "The staff are very pleasant," and "You can be open with the staff and let them know how you feel."

Some concerns were expressed by external professionals about staff approaches. For example one professional, describing the care of people with complex needs stated that whether staff were caring depended on the staff member and staff could be "inconsistent," and the level of support "lack(ed) an empathetic / holistic approach." Another professional said, "There does not appear to be a great understanding of mental health from the staff I have encountered and I do not feel
confident that they are able to provide the service they are offering." Another professional was more positive stating: "The atmosphere is "Warm and friendly…the care team share information appropriately and have an excellent understanding of each residents' needs." We were also told by another, "Staff are supportive and caring towards my client, (and provided good support to promote) self worth." We were also told: "Generally, staff appear to be caring and supportive towards the service users, ( but to professionals) some are helpful and some are not."

Care plans contained information about people's preferences, personal histories and backgrounds. This assisted staff to know the people they were caring for and supporting.

People were encouraged to make decisions about their care, for example what they wished to wear, what they wanted to eat and how they wanted to spend their time. People signed the care plans once these had been written.

Staff we spoke with said, most of the time, they felt they had enough time to sit and spend time with people, although quality time with people for example to go out with people or complete activities, was compromised if there were staff shortages. We did not see staff rushing around, but it was evident if some people needed some intensive support (for example with personal care.) it was difficult to find a member of staff if another person needed help or support.

We observed staff making sure people's privacy and dignity needs were understood and always respected. Where people needed physical and intimate care, for example if somebody needed to change their clothes, help was provided in a discreet and dignified manner. When people were provided with help in their bedrooms or the bathroom this assistance was always provided behind closed doors. We did not witness staff talking about people in front of others, and written information was stored confidentially.

Staff worked, to some extent, with people to encourage and / or respect people's right to be more independent. The annexe building was particularly aimed at supporting people to move from a traditional care home setting, to be more independent for example with cooking, and spending time without the presence of staff. However, there was more scope to develop skills, throughout the service, as we have mentioned elsewhere in the report.

Good

# Is the service responsive?

## Our findings

Everyone who used the service had a care plan. Where possible people, and their representatives, were consulted about people's care plans and their review. Care plans were detailed and included information about people's physical and mental health care needs and information about their lives before living at the service. Care plans also included risk assessments for example in relation to people's mobility, and any risks in relation to eating and drinking. Care plans outlined people's preferences, interests and aspirations. All staff were able to access people's care plans which were stored in in a locked office.

People had opportunity to be involved in some activities. One of the senior carers acted as the activities co-ordinator. We did not witness any individual or group activities occurring during the inspection. We were told staff would arrange quizzes, crosswords and other games within the home. People would also go out for coffee in town with staff members. One person went to the gym. One person had also completed a computer course. The new manager was looking into opportunities available at the mental health resource centre. Some people used public transport independently. Some of the people went out on their own. The service had a small car to assist people to go to health appointments or activities. None of the people were interested in participating in organised religious services, but the manager said this support was available if people wanted to go to church, and staff had supported people in the past. Information about activities available at the service was displayed in the hallway. People told us: "We play Hangman, Origami and quizzes," "We made a flower display over Easter," "The staff took us to Lanhydrock (National Trust property) on a day out recently, " and "I really enjoy the quizzes we have."

All of the people at the service could not read or had limited literacy skills. Some people lacked capacity and could not understand written documentation. Otherwise, when people received correspondence, staff read this to people.

The service had a complaints procedure. The people, who we spoke with, said if they had any concerns or complaints, they felt they could discuss these with staff and managers. They felt any concerns and complaints would be responded to appropriately. The service had a record of any complaints made, and a record of how these had been responded to. The manager said there had not been any complaints in the last few months. The people we spoke with did not think they would be subject to discrimination, harassment or disadvantage if they made a complaint. The manager said when a complaint was made, the management team assessed the complaint and its findings and used the experience as an opportunity to learn from what had occurred for example through improving communication, better recording, managers checking that care procedures were carried out and regularly reviewed.

The service did not routinely provide end of life care. If somebody, who had lived at the service did need end of life care, the service had a suitable care planning system to ensure people received suitable support. We were also told staff would consult with district nurses and GP's to ensure people received suitable medical care during this period of their lives.

Requires Improvement

# Is the service well-led?

## Our findings

The manager started working at the service in March 2018. The manager has submitted an application to be registered with the Care Quality Commission. One person told us: "The manager is a very nice person." The manager said she was currently learning her role, and was receiving support to do this from the operations manager who was based in Plymouth.

The Care Quality Commission previously informed the registered provider that the previous manager's registration had not been cancelled with CQC. This was despite the previous manager leaving his post in mid 2017. We have not received correspondence from the individual to cancel their registration, or a statutory notification from the registered provider, if there person has not been cooperative, to request us to cancel the person's registration.

Staff were positive about the registered provider. For example we were told the nominated individual for the organisation (the person who owned the service), took an active interest in the management of the service and had been supportive, and open to suggestions about the management of the service.

The manager said her key priority was to ensure she developed some stability for the service. This was because there had been several unexpected deaths which had been traumatic. We were told there had been several management changes.

The service had a clear management structure. The manager seemed to have a good understanding of her responsibilities. The manager reported to an operational manager who oversaw this and another service in Plymouth. The manager was supported by two senior support workers. The manager said she tried to ensure there was always a senior care assistant on duty during the day.

Staff we spoke with said they worked well as a team. Staff said they communicated well. Staff appeared to have a good understanding of their responsibilities. An external professional recognised there had been "a period of managerial instability" but "the care team have been amazing at maintaining their focus on residents' needs." The staff were described as being a "Stable, skilled and very caring team." They were described as: "The bedrock during a difficult time of managerial instability." Staff said all staff shared the work load well between themselves.

We received concerns from different, and unrelated professionals, who had worries about communication. One professional cited concerns about not receiving information about what care people were receiving where people were receiving one to one support. Such information was required for care management monitoring and was essential for the commissioner. The professional was however encouraged by changes which had occurred under the current operations manager, and felt "optimistic," about the appointment of the new manager. Another professional said "Due to the high turn over of management…it is difficult to find communication channels." However two other professionals told us: "All staff have been helpful and prompt at getting back to me when needed," and staff were, "Very helpful."

The manager said both paper and electronic data was stored securely, and there were systems in place to ensure data security breaches were minimised.

The registered provider had a quality assurance policy. The service's approach to quality assurance included a system of audits to ensure quality in all areas of the service was checked, maintained, and where necessary improved. Audits regularly completed included checking care practice; monitoring care plans was to a good standard and regularly reviewed; monitoring accidents and incidents; auditing the medicines system and checking property standards were to a good standard.

There were records that there had been resident meetings in January and February 2018.Issues discussed included staff attitudes, the menu and activities. There were also records that staff meetings had occurred in March and January 2018, as well as frequently throughout 2017.

However we were concerned that the registered persons' approach to ensuring service quality, monitoring the service was working effectively and bringing about improvement was not effective. This was because it did not pick up or address the issues where we have raised concerns about in this report. This includes concerns about health and safety and also staff attitudes.

This is a breach of regulation 17 of the Health and Social Care Act 2008 (Regulated Activities) Regulation 2010.

This section is primarily information for the provider

# Action we have told the provider to take

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

| Regulated activity | Regulation |
|---|---|
| Accommodation for persons who require nursing or personal care | Regulation 10 HSCA RA Regulations 2014 Dignity and respect<br><br>People were not always treated with respect and dignity by staff. |

| Regulated activity | Regulation |
|---|---|
| Accommodation for persons who require nursing or personal care | Regulation 15 HSCA RA Regulations 2014 Premises and equipment<br><br>Suitable health and safety checks were not always completed. |

| Regulated activity | Regulation |
|---|---|
| Accommodation for persons who require nursing or personal care | Regulation 17 HSCA RA Regulations 2014 Good governance<br><br>Quality Assurance systems were not always effective at picking up problems within the service. |

| Regulated activity | Regulation |
|---|---|
| Accommodation for persons who require nursing or personal care | Regulation 18 HSCA RA Regulations 2014 Staffing<br><br>Staffing levels were not always satisfactory to meet people's needs |