

Heathbrock Limited

# Chester Lodge Care Home

## 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?

**Requires Improvement** ●

Is the service responsive?

**Requires Improvement** ●

Is the service well-led?

**Requires Improvement** ●

# Summary of findings

## Overall summary

This inspection was carried out on 1 June 2016 and was unannounced.

Chester Lodge Care Home is a privately owned residential and nursing care service located close to Chester city centre. The service is based over three floors, which provide accommodation and personal care for up to 40 people. Access to the upper floor is via a passenger lift or stairs. Local shops and other amenities are a short distance away from the service. At the time of our inspection there were 35 people living at the service.

There was a registered manager that had oversight of the whole service. 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. At the time of our visit the registered manager had been away from the service for some time and the deputy manager was responsible for the day to day running of the service.

At the last inspection on 29 October and 3 November 2015 we found that a number of improvements were needed in relation people not being protected from the risk of unsafe care and treatment and poor management of infection control. People were not always supported or treated in a dignified way and consent to care and treatment was not always sought. People were not protected from the risk of inadequate nutrition and hydration and quality assurance systems were not effective. We asked the registered provider to take action to address these areas. The service was placed into special measures by CQC.

After the inspection, the registered provider wrote to us to say what they would do to meet legal requirements in relation to the breaches identified. They informed us they would meet all the relevant legal requirements by the end of January 2016. This inspection found that there was enough improvement to take the provider out of special measures. Whilst we found a number of improvements in most areas, the registered provider had not demonstrated full compliance with the Health and Social care Act 2008 (regulated activities) 2014. You can see what action we have told the provider to take at the end of this report.

People received their medication as prescribed and the deputy manager had completed competency assessments in the safe administration and management of medication with all nursing staff. Medication administration records (MAR) were appropriately signed and coded when medication was given. Care plans relating to PRN (as required) medication were not in place to guide staff. There was no clear written guidance for staff to follow to establish when and how PRN medication would be required to be given.

Staff had an understanding and awareness of their responsibilities in relation to the Mental Capacity Act 2005 (MCA) and Deprivation of Liberty Safeguards (DoLS). People confirmed and observations showed that staff always asked for consent prior to providing care and support. The registered provider had submitted

DoLS applications to the local authority where appropriate. However, people's care records contained limited information about their mental capacity, and mental capacity assessments and best interests decisions had not been completed as required by the MCA.

The registered provider had introduced a number of quality assurance audits since our last inspection visit. Further improvements were needed to make sure that they were effectively used by staff to evidence what actions had been taken to ensure the quality and safety of the care provided to people. CQC were notified as required about incidents and events which had occurred at the service. We have made a recommendation about the effective use of audits.

Staff were able to describe the care and support people required. Daily records were completed in good detail to reflect what care and support people had received on a daily basis. Care plans had been reviewed since our last visit and contained up to date information relating to the health and care needs of each person supported. We found limited information recorded about how a person preferred their care and support to be delivered. This meant that people could experience care that was not in line with their wishes, needs and preferences if supported by staff less familiar with them.

Improvements had been made relation to the management of infection control. Some fixtures and fittings could not be cleaned due to their poor condition and were in need of repair. The director of the service confirmed that refurbishment of the service after 25 years was going to be looked at in the near future.

Staff attended regular training sessions in areas such as moving and handling, first aid, safeguarding adults and tissue viability to update their knowledge and skills. Staff confirmed that they had regular supervisions to ensure their practice was reviewed. Team meetings were held to ensure staff were kept up to date with any changes occurring at the service. We were unable to access induction and supervision records as part of this inspection.

Detailed risk assessments were in place to identify if people were at risk of developing pressure areas. Where people had pressure ulcers robust care plans were in place to monitor their condition alongside relevant health professionals. Appropriate pressure relieving equipment was in situ and regular safety checks had been introduced.

People were supported to access health care professionals to make sure they received appropriate care and treatment for their needs. Robust recording and reviews of dietary and fluid intake was in place at the service. This meant people were protected from the risk of inadequate nutrition and hydration. There had been significant improvements to the management and prevention of pressure ulcers.

People told us that staff always treated them with kindness and respect. They told us that staff were mindful of their privacy and dignity and encouraged them to maintain their independence. People were relaxed and staff offered support in a kind, caring and respectful approach. Family members spoke with compassion about the care and support people received at the end stages of their life.

The mealtime experience was positive and engaging. People were provided with appropriate dietary options and received good levels of support from staff. Staff were patient in their approach and encouraged people to eat and drink in a discreet and respectful manner. Staff respected individual choices and where required alternative meal options were offered and sourced. People made positive comments about the quality of the food available.

Safe and robust recruitment procedures were completed by the registered provider. A range of checks to

ensure staff were suitable to work with vulnerable people were completed.

## 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 consistently safe

PRN medication care plans were not in place at the service.

Maintenance schedules required reviewing to ensure the service was well maintained.

Risk assessments and pressure relieving equipment were in place as required for people.

People felt safe and secure. They were supported by staff deemed of suitable character to work in the service.

**Requires Improvement** ●

### Is the service effective?

The service was not effective

Staff did not follow the requirements of the Mental Capacity Act 2005 to ensure that they assessed a person's capacity to make decisions about their care.

An on-going programme of training was provided for all staff and they received appropriate support within their roles.

People's health needs were met and this included the provision of adequate diet and fluids.

**Requires Improvement** ●

### Is the service caring?

The service was not consistently caring

People who were supported in bed were not always comfortable as bed linen was worn or crumpled.

People appeared relaxed, and a good rapport had developed between people and staff.

People's confidentiality was protected. Records containing personal information were appropriately stored in secure offices.

**Requires Improvement** ●

### Is the service responsive?

**Requires Improvement** ●

The service was not consistently responsive

Care plans were not personalised to accurately reflect the care and support that people wanted in line with their personal preferences.

People's care records were reviewed on a regular basis to ensure that they remained up-to-date and reflected people's current health and care needs.

People were aware of the complaints process and how to raise any concerns they may have.

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

The service was not consistently well led

Systems were in place to monitor the quality and safety of the service. Improvements were required to ensure they were effectively used by staff.

The registered provider had sought feedback from people through regular meetings, which enabled them to identify areas of improvement.

Staff were confident that improvements were being made by the management team following the previous CQC inspection.

**Requires Improvement** ●

# Chester Lodge 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 the 1 June 2016 and was unannounced. The inspection was carried out by two adult social care inspectors.

Prior to the inspection, we reviewed the information that the registered provider had given us following the last inspection. We also looked at the information provided by the local authority, safeguarding team and commissioning team. Feedback we received identified that the registered provider had made good progress and improvements to how the service was run following our previous inspection.

We reviewed information we held about the service including the previous reports, notifications, complaints and safeguarding concerns. A notification is information about important events which the service is required by law to send to us.

During the inspection we looked at the care records for five people and spoke with seven people who used the service. We also spoke with three family members, and four members of staff including the deputy manager and company director. We observed staff supporting people throughout the day and reviewed recruitment records for four members of staff and records relating to the management of the service.

# Is the service safe?

## Our findings

People told us that they felt safe at the service. One person told us "I've lived here a long time now and I feel safe with the staff that look after me" and "I know there is always someone around if I need help. I just press my buzzer". Family members told us, "If I had to do it all again, I would still choose here for [my relative] to live. They have been 100% well looked after and kept safe" and "I wouldn't leave [my relative] here if I didn't feel they were safe".

At our previous inspection we identified breaches of Regulation 12 and 15 of the Health and Social Care Act 2014 (Regulated Activities) Regulations 2014 as the registered provider did not have effective systems in place to identify and assess the risks to the health and safety of people who used the service. We issued the registered provider with requirement notices. On this inspection, we found that the registered provider had made improvements.

Ten people had bedrails in situ and care plans indicated that these were for their own health and safety. A risk assessment had been carried for each person with bedrails to indicate if protective 'bumpers' were required to avoid the risk of entrapment. From observation, we saw that three people did not have bumpers in place and there was an identified risk of entrapment. One person told us "I don't like the protective bumpers on as I feel trapped and enclosed in my bed. I can't see anything". We brought this to the attention of the registered provider and asked them to take action to assess the risks to people's health and safety. The registered provider confirmed during our inspection that a range of protective bumpers had been ordered and were fitted to bedrails used by these people following our inspection.

Staff supported people to manage their medication. There was an assessment tool in place to demonstrate whether a person was able to manage their own medication or required the support of staff. Medicines were ordered, administered, and disposed of as per the registered providers policies and procedures. Where appropriate, medicines which needed to be kept cool were stored in a designated fridge, to ensure their effectiveness. Fridge temperatures were checked regularly to ensure they were at the correct level.

Medicines available were checked against the medication administration records (MARs) and we found them to be correct. Some people were prescribed thickener to use in their drinks. Staff had a good understanding and awareness of how this was to be used and the amount required was recorded in individual care plans and fluid charts.

When 'required' (PRN) medication, is usually prescribed to treat short term or intermittent medical conditions, sometimes with varying dosages. To ensure that PRN medication is administered as intended by the prescriber, there should be a care plan in place that contains a clear indication for treatment and intended outcomes. We found that that these were not in place at the service.

Some people had PRN medication to help manage their anxiety or aggression. There was no guidance in place to indicate what alternative strategies were to be attempted before medication was administered. Where people had pain relief, there was no record of a person's awareness of symptoms or signs for staff to



look out for which would indicate the person required PRN medication. For example, non-verbal expressions of distress. Where more than one option of PRN medications were prescribed, there was no guidance as to what order medications were to be administered and the time interval in between them. For example multiple painkillers, or seizure medicines. This meant that there was limited information available to guide staff as to when PRN medicines should be given. It is important that this information is recorded and readily available to ensure people are given their medicines safely, consistently and with regard to their individual needs and preferences.

This was a breach of regulation 17 of the Health and Social care Act as PRN records were not in place to guide and support staff on the accurate administration of 'when required' medication.

At the previous inspection we found that sufficient checks were not made on pressure relieving equipment. At this inspection we found that the registered provider had assessed people's needs as required in relation to this and where required people had an air mattress to minimise the risk of developing a pressure ulcer. Staff at the service received training to ensure they were competent in the monitoring and use of air mattresses. There was a system in place to ensure that staff checked pressure levels at regular intervals. The required pressure was recorded on positioning charts and in individual care plans to enable staff to check whether each mattress was correctly set. We found that two people were lying on mattresses that were showing faults and a third was unoccupied but faulty. We raised this with the registered provider who took immediate action to address concerns during our visit.

We raised concerns following our last inspection relating to the management of infection control and cleanliness at the service. We noted that there had been some improvements made since our previous visit.

The environment in which people lived required updating and refurbishing. Some bedrooms and communal areas required remedial repair for example, there were holes and flaking plaster on the walls in the corridors, bathrooms and some bedrooms. Some fixtures/fittings / furnishings could not be cleaned due to their poor condition. This included window ledges, skirting areas, pull cords, flooring and areas around baths and sinks. We found a number of bedroom carpets were worn and in need of replacing. The sluice rooms at the service did not have locks in place to restrict access to people who lived at the service. We asked the registered provider to take immediate action to ensure that people were protected from the risk of infection or biological hazards. We have received confirmation following our visit that this had been completed. We spoke with the director of the service who confirmed that improvements to the overall environment had been recognised as the service is 25 years old. They told us that the environment was going to be looked at in the near future to assess and address the necessary improvements required.

Where vulnerable people have access to windows large enough to allow them to fall out and be harmed, those windows should be restrained sufficiently to prevent such falls. The window restrictors in hallways, bathrooms and a number of upstairs bedrooms were insufficient as the windows opened in excess of 100mm. We brought this to the attention of the registered provider who took urgent action to assess the risks to people's health and safety. They confirmed with us following the inspection that suitable restrictors had been fitted to windows.

The registered provider used recognised risk assessment tools for the monitoring of malnutrition and skin integrity. These were used appropriately. Where an increase in risk was identified, appropriate action had been taken such as the provision of equipment or referral to an external agency for advice such as dieticians, speech and language therapists or tissue viability nurses.

At the last inspection we saw certificates to show that there had been routine servicing and inspections

carried out on items of equipment such as hoists and electrical and gas installation. Service contracts were in place so that these were renewed in line with safety and manufacturers guidance.

The registered provider had safe procedures in place for recruiting staff. We viewed the recruitment records of four new team members and saw that appropriate checks had been completed including the Disclosure and Barring Service (DBS) check. The DBS carry out a criminal record and barring check on individuals who intend to work with children and vulnerable adults, to help employers make safer recruitment decisions. This ensured that staff were of suitable character to work with vulnerable people.

## Is the service effective?

### Our findings

People told us that they were supported to access their GP or other healthcare professionals when needed. One person told us, "If I need to see the GP, I tell the staff and they arrange an appointment for. They will stay while the GP visits if I ask, as sometimes I forget what the GP tells me". Family members confirmed that staff recognised when support was required from healthcare professionals and were quick to act. They told us, "The staff recognised that [my relative] was losing weight so they brought in a dietician to advise us on what we needed to do. [My relative] has lots of full fat stuff now and their weight is stable".

At the last inspection, we had concerns about staff understanding and application of the Mental Capacity Act 2005 and Deprivation of Liberty Safeguards (DoLS). We issued a requirement notice to the registered provider which identified that staff needed to improve practice in this area. We found that the required improvements had not been achieved.

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 so that they can receive care and treatment when this is in their best interests and legally authorised under the MCA. The application procedures for this in care homes and hospitals are called the Deprivation of Liberty Safeguards (DoLS).

We checked whether the service was working within the principles of the MCA, and whether any conditions on authorisations to deprive a person of their liberty were being met. We found that some improvements were required.

The deputy manager and company director confirmed that this was an ongoing area of development at the service. The registered provider had introduced policies and procedures to support the implementation of the principles of the MCA and DoLS. We noted that some staff had attended MCA and DoLS training with Cheshire West and Chester local authority since our last inspection.

People told us staff always sought their permission before carrying out tasks and also gave them choices. From observation, we saw staff seek permission before undertaking care tasks such as moving and handling, assisting with meal times or entering people's bedrooms. Staff understood the need to gain people's consent to the care they received and spoke to us about people's right to refuse interventions if they were able to make that choice.

Not all of the people who used the service were able to make complex decisions for themselves, such as where to live, whether to take medication or the impact of refusal or how to keep themselves safe. However, there was no evidence of any 'decision specific' mental capacity assessments in regards to interventions such as medication administration or the use of restrictive equipment such as bedrails. Mental capacity assessments had not been completed where people refused interventions such as personal care or

medication that were essential to their wellbeing. We found that two people refused medications on a regular basis and staff indicated in discussion that the two people did not have the mental capacity to accept the risks. For one person, there was no assessment of mental capacity in regards to their decision to refuse and no risk assessment or management plan in place as to the consequences of this. Records for a second person indicated that staff had talked to the GP and that they "discussed the concept of covert medication but this has been tried already". In order to have medication given in this way, a mental capacity and best interest assessment should be completed.

We also found that a number of people had signed their consent to care forms whilst the care records would indicate that the person did not have the mental capacity to agree or understand the nature of their care and support.

This was a breach of Regulation 11 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014 because where a person lacks mental capacity to make an informed decision or to give consent, staff must act in accordance with the MCA.

The registered manager had submitted applications under DoLS to the local authority for a number of people who used the service. These were for people they believed could not make a decision, due to their lack of mental capacity, to decide where they should reside. However, we identified where the service had not recognised other restrictions in place such as the use of bedrails or recliner chairs. There were risk assessments in place to demonstrate why they were deemed necessary and which showed that other least restrictive options had been considered, however staff had not carried out a mental capacity assessment, recorded a best interest decision and given consideration to DoLS.

The service was set conditions by the local authority in order for them to demonstrate that a person's needs had been met under the DoLS. These included exploring the person's cultural needs and how this might impact upon their behaviours and support required. Staff were able to discuss with us what had been done and what they had found out about the person but this was not documented in the persons care plan.

Previously we had concerns that people were not protected from the risks of inadequate nutrition and dehydration. This was a breach of regulation 14 of the Health and Social Care Act (Regulated Activities) 2014 and we issued a requirement notice. We found that good progress had been made in this area.

People were protected from the risk of inadequate nutrition and hydration. A chart was in place to enable staff to document and monitor people's individual diet and fluid intake over a 24 hour period. In addition entries recorded in daily logs accurately outlined the total intake of food and fluid over the period of the shift. This enabled an assessment to be completed by the nurses to establish if people required additional support or specialist input from external health professionals. One person told us, "They make sure I get plenty of cups of tea and juice to drink both in the day and at night time".

Staff were able to describe the care and support people needed. Staff explained their role and responsibilities and were confident in how they would report any concerns they had about a person's health or wellbeing. Appropriate referrals for people were made to other health and social care services. Staff identified people who required specialist input from external health care services, such as speech and language therapists (SALT) and tissue viability nurses and where appropriate staff obtained advice and support from them.

Training sessions attended by staff included moving and handling, first aid, fire safety, health and safety and safeguarding. Since the last inspection the registered provider had accessed tissue viability training for

nurses and senior care staff to develop their knowledge and skills. Staff told us, "Our practice has been challenged since you last visited. It's been a good thing, I found the tissue viability course very good and realised there was things I didn't know. I am more confident with this practice now" and "The mental capacity act training really opened my eyes. I think there is still a lot to understand in this area, we have a way to go yet to get it right. But we will".

Staff told us, "Communication is much better now. We have regular meetings to discuss our work and performance" and "I only started a few months ago. I spent time shadowing the team as part of my induction and I have regular meetings with the managers to make sure I am doing ok". The registered manager was unavailable on the day of our inspection and we were unable to access induction records for new staff and supervision and appraisal records as part of our inspection process.

## Is the service caring?

### Our findings

Most of the people we spoke with told us that they were happy living at the service and that they had received the care that they needed. They told us "I've only been here a week and the staff seem very caring and patient", "The staff do their best to help me when I need them, most of them are lovely" and "You have to take the good with the bad. The staff are lovely, but it's not like being at home, it never will be". Family members told us that overall they thought the service was good and that their relatives were looked after appropriately. One family member told us "The staff are kind and patient, I wouldn't leave [my relative] here if I didn't think they looked after them well".

When we last inspected the service, we identified concerns that people were not always supported or treated in a dignified manner. This was a breach of Regulation 10 of the Health and Social Care Act (Regulated Activities) Regulations 2014 Dignity and respect and we issued a requirement notice. We asked the registered provider to take action to make improvements.

Each person had their own bedroom which they had personalised with items such as photographs and ornaments. One person told us "I have my room set up with all my bits and pieces, just how I like it". Staff did not always pay sufficient attention to people who were in bed to ensure that they were kept comfortable. A number of people had bed linen that did not fit the mattress or bed they used. This meant that when people moved about the sheets lifted and we found people to be partly lying on the plastic mattresses or on badly crumpled sheets. Some people's bed linen was of poor quality and needed replacing. Two people, who were sat upright in bed, had slipped down and their feet were pressed against the foot end of the bed. One person said "I slip down all the time, it's not very comfortable but I don't know what staff can do about it". The deputy manager and director of the service advised they would purchase new bed linen following our visit and speak to staff about ensuring people were kept comfortable whilst in bed.

Some of the records written by staff indicated that staff lacked an understanding of how a person's condition might impact upon their mood or behaviour. We found entries such as "[person] was very grumpy today", "[person] was in a bad mood just because the tea trolley was late", "[person] will cooperate if they like you" and "[person] can be difficult". Records did not always demonstrate how staff should support people when they were feeling unhappy. We spoke to the registered provider about the need to ensure that records, as well as actions, afford a person dignity and respect.

The lunchtime meal promoted a positive experience for people. People were relaxed, happy and staff were organised in their approach. People were offered choices about where they would like to eat their meal. Some people chose to sit at the dining room tables and others chose to sit in their chair with over tables or in the privacy of their own rooms. It was clear that lunchtime experience for people had greatly improved. Tables were set with appropriate equipment and condiments were available for people to use. However, two people told us "It seems like we have to sit and wait forever for our lunch" and "I don't know why we come so early, we have to wait anyway". Observations showed that people were sat at the table approximately 30 minutes prior to the meal being served. We brought this to the attention of the deputy manager and director who agreed that they would review the timings of meals being served and look to

introduce a small sherry or some snacks being served whilst people waited for their meal.

Where support was required, staff sat with people and helped them to eat their meal and family members were welcomed into the dining area to support their relatives with their meal. Support was provided sensitively and staff gave people sufficient time to enjoy their food. Meals looked balanced and healthy and people were given their choice of meals at the table or alternatives were made available if they did not like the options presented. One person told us "I'm a vegetarian and my food has been lovely. I have a good choice". This showed that the registered provider had a good understanding and was respectful of people's personal beliefs and food preferences. We observed how one staff member respected the importance of a person's appearance whilst they were having their meal. An apron had been requested by the person, however if an item of food dropped onto the apron the staff member immediately cleaned the spillage. It was clear that this caused discomfort to the person and staff tried to minimise any distress. They told us "[Name] has always taken great pride in their appearance. They do not like any mess on their clothes, it's our job to make sure we help her to maintain her appearance".

Staff interacted with people in a kind, caring and patient manner. Staff understood the importance of ensuring people's privacy was respected, for example, they knocked on bedroom doors prior to entering. Staff described with confidence how they protected people's dignity as far as possible when they carried out personal care and support. They told us "I always ensure the door is closed and people have as much privacy as possible. If someone needs my help, I make sure they are covered up and don't feel exposed and vulnerable whilst I help them with their personal care".

People's choices and decisions were respected. An example of this was when one person voiced that they did not want the lunchtime meal that was presented to them. Staff respected their decision and sourced an alternative meal which the person had chosen. Staff were respectful of people's preferred communication methods. We saw staff alter their approach to meet the different communication needs of people they supported. For example, staff knelt down in front of one person so they could easily be seen and heard when talking to the person.

We saw information about advocacy located on the notice board. Advocates are able to offer independent support to people, to help ascertain their wishes and feelings and to ensure that these are taken into account by the registered provider. The deputy manager and director were aware of those situations where support from an advocate would be appropriate.

People's confidentiality was maintained. Records containing personal details were stored securely in a locked office. Care records contained the relevant paperwork for those people who did not want to be resuscitated in the event of their death. This information was placed prominently at the front of the care record so that staff could easily access this information if they needed to. One family member told us, "[My relative] received the best care and support at the end of their life. Staff were respectful of our religion and made sure this was incorporated into how they supported us both. I thought that was such a special touch. I will always be thankful for their love and support during that time".

## Is the service responsive?

### Our findings

People and their family members told us that if they were unhappy with the service they knew who to raise their concerns with. Their comments included, "I wouldn't let them get away with anything. I would be straight to see the manager if I wasn't happy" and "I tell the staff if I'm not happy with something. They always try to resolve my concerns". We reviewed the registered provider's complaints and compliments procedure and saw that the process outlined how people could raise a complaint and to whom. We were unable to access the records relating to complaints received at the service since our last inspection visit.

At the last inspection, we had concerns as the registered provider did not have safe systems and processes in place to assess, monitor and improve the quality and safety of care. This was a breach of regulation 17 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014. Following the inspection we issued a requirement notice to the registered provider to ensure that records were reviewed and updated to meet the needs of people supported. During this inspection we found that improvements had been made to records relating to individual assessment of need, pressure ulcer care and risk assessments.

Through discussions, we found that staff had a good understanding and awareness of the support required for people. Care plans had been reviewed and re-written following the last inspection and they outlined the basic care people required. Individual care plans now included information relating to areas such as, moving and handling, mobility, pressure care and communication. Where people required specialist support for example with eating and drinking, care plans outlined what specific help people required. However, care plans were not always detailed enough for staff, unfamiliar with a person, to be able to provide personalised support. For example, care plans were task specific and contained generalised statements such as: "full assistance with personal care" and "[name] has little comprehension and understanding when you talk to them". There was a lack of detail for staff to know how specifically to meet a person's needs and what their personal preferences were. For example; what time they liked to get up, likes and dislikes, how they liked to be supported or their preferred method of communication. We saw that only two out of the five care records we looked at contained personal history, hobbies and interests information. Staff told us, "We are currently working on the care plans to develop people's life histories. We recognise now how important it is to know about people and their backgrounds. I don't think we have been particularly good at that in the past".

Some people had health conditions that meant that their behaviours, at times, challenged the service. There was little information in care plans to indicate what behaviours were exhibited and staff just recorded that a person was "aggressive", "anxious", "and prone to panic attacks". There were no records to identify what behaviours were observed, how they impacted on the person and others, what (if any) were the trigger factors and how best to support the person through this situation. This meant people were at risk of not having their needs met.

This was repeated breach of regulation 17 of the Health and Social Care Act 2008 (Regulated Activities) Regulation 2014 as the registered provider had failed to ensure that accurate, comprehensive, personalised records were held in respect of each person.



Care plans were now reviewed on a monthly basis or more frequently if a person's condition changed. An analysis of any events that had occurred during the previous month were reviewed and changes to people's needs were clearly documented.

Previously we raised concerns regarding the recording of information relating to the management of pressure ulcers. Records and assessment of need had greatly improved. Care plans included specific information about the support people required to monitor and maintain their pressure areas. Where people had a pressure ulcer, dated photographs of the wounds were taken on a regular basis and records identified improvements in skin integrity or where pressure ulcers had healed. Staff confidently described when professional advice was required from a tissue viability nurse and records identified when appropriate referrals had been made on behalf of the person.

Where required a chart was in place for people for staff to document the day to day care as well as the specific monitoring of things such as dietary and fluid intake and repositioning. These were completed and reviewed appropriately and any concerns were highlighted through the handover to the nurse in charge. Daily records which were completed for each person gave a good insight to the level of care offered or provided throughout the course of the day and night. This helped to show that the right level of care, treatment and support was delivered to people who used the service.

A number of activities and interactions were undertaken with people during our visit. This included people reading magazines, listening to music on the radio and watching television. After lunch people were gathered together in the main lounge engaged in a game of bingo. Staff encouraged people to be involved as much as they wished whilst respecting their choice if they did not want to participate. The deputy manager told us that regular trips out into the local community for lunch or to a garden centre were arranged for people. People told us "I'm off out to the local bingo tomorrow, I love it" and "We are having a celebration for the queen's birthday. We celebrate lots of things here, it's an excuse to have a sing-along and get together".

## Is the service well-led?

### Our findings

The service had a manager who was registered with CQC since 2011. Before our inspection we had been notified that the registered manager had been absent from the service for some time. Most people and family members knew who the manager was and they told us that she had always been available if they needed to speak to her.

The deputy manager had been given the responsibility for running the service whilst the registered manager was away from the service to ensure consistency of service provision. People told us "She is lovely, always friendly and smiling" and "She has such a nice manner when she talks to you. I would be confident that she would sort anything out for me".

At our inspection in October and November 2015 we asked the registered provider and registered manager to take action on how the quality and safety of the service people received was assessed and monitored. We asked the registered provider to send us an action plan telling us what action they intended to take, who was responsible and when they anticipated these actions would be completed. At this inspection we found that progress had been made in regards to the action plan we received from the registered provider.

Since the last inspection the registered provider had introduced quality assurance systems to assess and monitor the service. The registered manager, (deputy manager in the absence of the registered manager) and named leads within the service were responsible for the day to day audits and checks including reviewing falls, care plans and medication. Where concerns had been identified action plans were introduced and the registered manager and deputy manager maintained an oversight of progress on a monthly basis. However we found that the staff did not always use these effectively to demonstrate what actions had been taken or when they had resolved issues which had been highlighted by the audit process. Comments such as 'no actions taken' were recorded by the registered manager on care plan audits between January 2016 and March 2016. Through conversation with the deputy manager and director we were informed of specific action that had been taken to address these concerns.

Since our last inspection the registered provider had introduced a new accident and incident form. Individual incidents were recorded in care plan files and reviewed on an individual basis by the registered manager. Further improvements are needed to ensure that accidents and incidents that happened across the service are analysed in order to identify reoccurring themes and trends. This action will enable the registered provider to learn from these occurrences and take steps to minimise the risk of further harm. We spoke with the deputy manager and since our visit a monthly service accident and incident audit had been introduced and completed.

Minutes of resident's meetings that had taken place were available for review. These meetings gave people the opportunity to express their views and make decisions about changes that may be required in the service. We sat that at a meeting in April 2016 discussions and feedback had been sought regarding menus and activities and new people at the service had been welcomed. People told us "It's quite nice to get together as a group to have a chat. You feel a bit more confident to say if you're not happy with something".

Regular staff meetings had taken place within varied roles and minutes were made available. Some of the areas that had been discussed included care plans, record keeping and staff training and practice. Staff told us "Of course we didn't like the CQC report. But, actually you can get complacent and it's always good to get another pair of eyes to look at everything" and "It's been good to have leadership and to improve our team work. We have more structure and guidance in place now and we are getting back to what we used to be like. Staff are feeling much happier".

The registered manager had notified CQC and other relevant agencies of incidents that had occurred at the service. Prior to this inspection, we reviewed the statutory notifications that the registered provider had submitted to the CQC. The notifications enabled CQC to monitor any events that affected the health, safety and welfare of people who used the service.

The registered provider had introduced a comprehensive set of policies and procedures for the service. The registered manager informed us that they were reviewed and adapted to reflect the service and records confirmed this. Policies were made available to staff in order to assist them to follow legislation and best practice and they ensured that staff had access to up to date information and guidance. Policy folders were made available in the office for ease of access and specific policies were discussed via the team meeting for staff awareness and use at the service.

The registered provider had displayed their ratings from the previous inspection in line with Health and Social Care Act 2008 (Regulated Activities) Regulations 2014: Regulation 20A.

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 11 HSCA RA Regulations 2014 Need for consent
Treatment of disease, disorder or injury	Care and treatment was not provided with the consent of the relevant person. 11(1)

  

Regulated activity	Regulation
Accommodation for persons who require nursing or personal care	Regulation 17 HSCA RA Regulations 2014 Good governance
Treatment of disease, disorder or injury	People were at risk of receiving care and support that was not suited to their needs as PRN care plans were not in place and personalised and comprehensive care plans were not held in respect of each person. 17(1)(2)(a)(b)(c)(f)